

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000024484

**FILED**  
**Oct 04, 2011**  
**Secretary of State**

**Entity Name:** LIVE OAK MEDICAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

2896 GULF BREEZE PKWY  
GULF BREEZE, FL 32563 US

**New Principal Place of Business:**

**Current Mailing Address:**

2896 GULF BREEZE PKWY  
GULF BREEZE, FL 32563 US

**New Mailing Address:**

**FEI Number:** 59-3387916

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ZIMMERN, WILLIAM A JR.  
2896 GULF BREEZE PKWY  
GULF BREEZE, FL 32561 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAVID KELLEN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ZIMMERN, WILLIAM A JR  
Address: 2896 GULF BREEZE PKWY  
City-St-Zip: GULF BREEZE, FL 32561

Title: D  
Name: PENNINGTON, KAREN A  
Address: 2896 GULF BREEZE PARKWAY  
City-St-Zip: GULF BREEZE, FL 32561

Title: D  
Name: KELLEN, DAVID P  
Address: 2896 GULF BREEZE PKWY  
City-St-Zip: GULF BREEZE, FL 32563

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID KELLEN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DR.

10/04/2011

\_\_\_\_\_  
Date