2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000071146

1. Entity Name

ELLIÓT M. LIVSTONE, M.D., P.A.



Principal Place of Business

1515 S OSPREY AVE, SUITE C-11 SARASOTA, FL 34239 Mailing Address

1515 S OSPREY AVE, SUITE C-11 SARASOTA, FL 34239

FILED Jan 23, 2007 08:00 AM Secretary of State



CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For
65-0856626	 	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SUPLEE, T RAYMOND SUPPLEE & SHEA 800 S OSPREY AVE SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE

No Chg-P

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	named entity submits this statement for the pulions of registered agent.	rpose of changing its register	ed office or registe	ered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	upplicable. (NOTE: Register	d Agent signature require	ed when reinstating)	DATE
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		5.00 May Be ded to Fees	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like analysis.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

Sign Here

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/07

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