

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000000119

FILED  
Jun 17, 2009  
Secretary of State

Entity Name: JUDITH A. RIPPS P.A.

**Current Principal Place of Business:**

150 E. PALMETTO PARK RD., STE. 500  
BOCA RATON, FL 33432

**New Principal Place of Business:**

2134 NW 19TH WAY  
BOCA RATON, FL 33431

**Current Mailing Address:**

150 E. PALMETTO PARK RD., STE. 500  
BOCA RATON, FL 33432

**New Mailing Address:**

2134 NW 19TH WAY  
BOCA RATON, FL 33431

FEI Number: 65-0790124

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LESNICK, I  
150 E PALMETTO PK RD  
STE 500  
BOCA RATON, FL 33432 US

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

LESNICK, I  
1200 N. FEDERAL HIGHWAY  
STE 209  
BOCA RATON, FL 33432 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

06/17/2009

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RIPPS, JUDITH A  
Address: 150 E. PALMETTO PARK RD., STE. 500  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: RIPPS, JUDITH A  
Address: 2134 NW 19TH WAY  
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JUDITH A. RIPPS

Electronic Signature of Signing Officer or Director

PRES

06/17/2009

Date