

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 617999

1. Entity Name

KAUFMAN, LIPKIN, AND RILEY, M.D., P.A.



Principal Place of Business

3001 N.W. 49TH AVE.
SUITE 301
LAUDERDALE LAKES FL 33313

Mailing Address

3001 N.W. 49TH AVE.
SUITE 301
LAUDERDALE LAKES FL 33313

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-1907430

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIPKIN, STEPHEN M.
3001 N.W. 49TH AVENUE
SUITE 301
LAUDERDALE LAKES FL 33313

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
KAUFMAN, NORMAN
3001 N.W. 49TH AVE
LAUDERDALE LAKES FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
LIPKIN, STEPHEN M.
3001 NW 49TH AVE
LAUDERDALE LAKES FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
DEAN, RILEY
3001 NW 49TH AVE
LAUDERDALE LAKES FL 33313

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
U00000060094
02/23/04-80026-008 150.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowered.

SIGNATURE X

Norman Kaufman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/04 954-739-8880
Date Daytime Phone #