
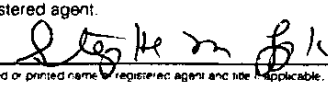
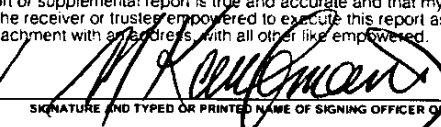


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90072 008 \*\*\*150.00

<b>DOCUMENT # 617999</b> 1. Entity Name <b>KAUFMAN, LIPKIN, AND RALEY, M.D., P.A.</b>			
Principal Place of Business <b>3001 N.W. 49TH AVE. SUITE 301 LAUDERDALE LAKES, FL 33313</b>		Mailing Address <b>3001 N.W. 49TH AVE. SUITE 301 LAUDERDALE LAKES, FL 33313</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. <b>Suite C</b> <b>8399 W. Oakland Pk Blvd.</b>		Suite, Apt. #, etc. <b>Suite C</b> <b>8399 W. Oakland Pk Blvd.</b>	
City & State <b>Sunrise, FL 33351</b>		City & State <b>Sunrise, FL 33351</b>	
Zip	Country	Zip	Country
4. FEI Number <b>59-1907430</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>LIPKIN, STEPHEN M. 3001 N.W. 49TH AVENUE SUITE 301 LAUDERDALE LAKES, FL 33313</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>Stephen Lipkin,</b> Street Address (P.O. Box Number is Not Acceptable) <b>8399 W. Oakland Pk Blvd. Suite C</b> City <b>Sunrise,</b> <b>FL</b> Zip Code <b>33351</b>	
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  2/21/07 <small>Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE P NAME KAUFMAN, NORMAN STREET ADDRESS 3001 N.W. 49TH AVE CITY-ST-ZIP LAUDERDALE LAKES, FL	<input type="checkbox"/> Delete	TITLE P NAME Kaufman, Norman STREET ADDRESS 8399 W. Oakland Park Blvd. Suite C CITY-ST-ZIP Sunrise, FL 33351	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME LIPKIN, STEPHEN M. STREET ADDRESS 3001 NW 49TH AVE CITY-ST-ZIP LAUDERDALE LAKES, FL	<input type="checkbox"/> Delete	TITLE TD NAME Lipkin, Stephen STREET ADDRESS 8399 W. Oakland Park Blvd. Suite C CITY-ST-ZIP Sunrise, FL 33351	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME RALEY, DEAN STREET ADDRESS 3001 NW 49TH AVE CITY-ST-ZIP LAUDERDALE LAKES, FL 33313	<input type="checkbox"/> Delete	TITLE VP NAME Railey, Dean STREET ADDRESS 8399 W. Oakland Park Blvd. Suite C CITY-ST-ZIP Sunrise, FL 33351	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 empowered.			
SIGNATURE:  2/21/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>2/21/07</b>	
Telephone Number <b>(954) 747-9113</b>		Date	