# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 28, 2009**
**Secretary of State**

DOCUMENT# 617999

**Entity Name:** KAUFMAN, LIPKIN, AND RAILEY, M.D., P.A.

**Current Principal Place of Business:**

8399 W. OAKLAND PK. BLVD.
SUITE C
FORT LAUDERDALE, FL 33351

**New Principal Place of Business:**

8399 W. OAKLAND PK. BLVD.
SUITE C
FORT LAUDERDALE, FL 33351 US

**Current Mailing Address:**

8399 W. OAKLAND PK. BLVD.
SUITE C
FORT LAUDERDALE, FL 33351

**New Mailing Address:**

8399 W. OAKLAND PK. BLVD.
SUITE C
FORT LAUDERDALE, FL 33351 US

**FEI Number: 59-1907430** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

LIPKIN, STEPHEN
8399 W. OAKLAND PK. BLVD.
SUITE C
SUNRISE, FL 33351 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: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: KAUFMAN, NORMAN,
Address: 3001 N.W. 49TH AVE
City-St-Zip: LAUDERDALE LAKES, FL

Title: TD ( ) Delete
Name: LIPKIN, STEPHEN M.,
Address: 3001 NW 49TH AVE
City-St-Zip: LAUDERDALE LAKES, FL

Title: VP ( ) Delete
Name: RAILEY, DEAN
Address: 3001 NW 49TH AVE
City-St-Zip: LAUDERDALE LAKES, FL 33313

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

Title: P (X) Change ( ) Addition
Name: KAUFMAN, NORMAN P
Address: 8399 W. OAKLAND PARK BLVD-STE C
City-St-Zip: FORT LAUDERDALE, FL 33351 US

Title: TD (X) Change ( ) Addition
Name: LIPKIN, STEPHEN M TD
Address: 8399 W. OAKLAND PARK BLVD-STE C
City-St-Zip: FORT LAUDERDALE, FL 33351 US

Title: VP (X) Change ( ) Addition
Name: RAILEY, DEAN VP
Address: 8399 W. OAKLAND PARK BLVD-STE C
City-St-Zip: FORT LAUDERDALE, FL 33313 US

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: NORMAN KAUFMAN PRES 01/28/2009

Electronic Signature of Signing Officer or Director — Date