

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

01-25-2005 90027 028 ***150.00
F13068

FILED

05 FEB 22 PM 3:11

SECRETARY OF STATE
4000 JACKSON AVE, FLORIDA

DOCUMENT # F13068 1. Entry Name RICHARD I. LIPMAN, D.D.S., P.A.	
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Principal Place of Business MIZNER PARK 327 PLAZA REAL, STE 201 BOCA RATON, FL 33432	Mailing Address % BLAKESBORG - BLAKESBORG & CO. 951 SW 4TH AVENUE BOCA RATON, FL 33432
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DO NOT WRITE IN THIS SPACE

01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2044456	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LIPMAN, RICHARD I., DR. 327 PLAZA REAL, STE 201 BOCA RATON, FL 33432

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

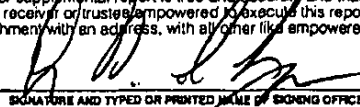
**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LIPMAN, RICHARD I. DR. 700 NE 76 STREET BOCA RATON, FL 33432
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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

2/22/05