


FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # G27048 1. Entity Name MADELYN B. LIPMAN M.D. P.A.		Jan 14, 2005 08:00 A Secretary of State		
Principal Place of Business 7301 NORTH UNIVERSITY DRIVE TAMARAC, FL 33321		Mailing Address 7301 NORTH UNIVERSITY DRIVE TAMARAC, FL 33321		
DO NOT WRITE IN THIS SPACE		 01112005 No Chg-P CR2E034 (10/03)		
		4. FEI Number 59-2266210		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LIPMAN, KENNETH W. 5355 TOWN CENTER RD., STE. 301 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 _____				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE		
TITLE	PSD			
NAME	LIPMAN, MADELYN B.			
STREET ADDRESS	3643 PRINCETON PLACE			
CITY-ST-ZIP	BOCA RATON, FL			
TITLE	T			
NAME	LIPMAN, KENNETH W.			
STREET ADDRESS	3643 PRINCETON PLACE			
CITY-ST-ZIP	BOCA RATON, FL			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
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 like empowered.				
SIGNATURE: <i>Madelyn Lipman MD</i>		Date: <i>1/11/05</i> Daytime Phone #: <i>9547262000</i>		