

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G27048

FILED
Jan 05, 2009
Secretary of State

Entity Name: MADELYN B. LIPMAN M.D. P.A.

Current Principal Place of Business:

7301 NORTH UNIVERSITY DRIVE
TAMARAC, FL 33321

New Principal Place of Business:

7301 NORTH UNIVERSITY DRIVE
102
TAMARAC, FL 33321

Current Mailing Address:

7301 NORTH UNIVERSITY DRIVE
TAMARAC, FL 33321

New Mailing Address:

7301 NORTH UNIVERSITY DRIVE
102
TAMARAC, FL 33321

FEI Number: 59-2266210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPMAN, KENNETH W.
5355 TOWN CENTER RD.,STE. 301
BOCA RATON, FL 33432 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: PSD () Delete
Name: LIPMAN, MADELYN B.,
Address: 3643 PRINCETON PLACE
City-St-Zip: BOCA RATON, FL

Title: T () Delete
Name: LIPMAN, KENNETH W.,
Address: 3643 PRINCETON PLACE
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: LIPMAN, MADELYN B.,
Address: 3643 PRINCETON PLACE
City-St-Zip: BOCA RATON, FL 33496

Title: T (X) Change () Addition
Name: LIPMAN, KENNETH W.,
Address: 3643 PRINCETON PLACE
City-St-Zip: BOCA RATON, FL 33496

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: MADELYN B. LIPMAN

DR.

01/05/2009

Electronic Signature of Signing Officer or Director

Date