

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# G27048

**FILED**  
**Feb 25, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

7301 NORTH UNIVERSITY DRIVE  
102  
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

7301 NORTH UNIVERSITY DRIVE  
102  
TAMARAC, FL 33321

**New Mailing Address:**

**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:** KENNETH W LIPMAN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PSD  
**Name:** LIPMAN, MADELYN B.  
**Address:** 3643 PRINCETON PLACE  
**City-St-Zip:** BOCA RATON, FL 33496

**Title:** T  
**Name:** LIPMAN, KENNETH W.  
**Address:** 3643 PRINCETON PLACE  
**City-St-Zip:** BOCA RATON, FL 33496

I hereby 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 all other like empowered.

**SIGNATURE:** MADELYN B LIPMAN

DR

02/25/2011

Electronic Signature of Signing Officer or Director

Date