


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 14, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # H78571**  
 1. Entity Name  
 JOHN P. LIPPELMAN, M.D., P.A.



Principal Place of Business % JOHN P. LIPPELMAN 2919 SWANN AVE., SUITE 203 TAMPA, FL 33609	Mailing Address % JOHN P. LIPPELMAN 2919 SWANN AVE., SUITE 203 TAMPA, FL 33609
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07202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2589840	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  
 LIPPELMAN, JOHN P.  
 2919 SWANN AVE.  
 SUITE 203  
 TAMPA, FL 33609

**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 \_\_\_\_\_ DATE 08/14/06-80011-016 150.00

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

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LIPPELMAN, JOHN P. 2919 SWANN AVE., STE. 203 TAMPA, FL 33609
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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 exemptions contained 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 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: *John P. Lippelman* 8/14/06 813 8701747

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