



**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 19, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H78571</b> 1. Entity Name JOHN P. LIPPELMAN, M.D., P.A.	
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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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**DO NOT WRITE IN THIS SPACE**



05152008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2589840	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating)

000000951589  
05/14/08-20082-002 150.00  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

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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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:  5/15/08 813 8701741-3

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