

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H78571

FILED
Mar 20, 2011
Secretary of State

Entity Name: JOHN P. LIPPELMAN, M.D., P.A.

Current Principal Place of Business:

% JOHN P. LIPPELMAN MD PA
508 S. HABANA AVE. SUITE #220
TAMPA, FL 33609

New Principal Place of Business:

JOHN P. LIPPELMAN MD PA
508 S. HABANA AVE. SUITE #220
TAMPA, FL 33609

Current Mailing Address:

% JOHN P. LIPPELMAN MD PA
P.O. BOX 10828
TAMPA, FL 33679

New Mailing Address:

JOHN P. LIPPELMAN MD PA
P.O. BOX 10828
TAMPA, FL 33679

FEI Number: 59-2589840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPPELMAN, JOHN P.
508 S. HABANA AVE.
SUITE 220
TAMPA, FL 33609 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

OFFICERS AND DIRECTORS:

Title: DP
Name: LIPPELMAN, JOHN P.
Address: 508 S. HABANA AVE. #220
City-St-Zip: TAMPA, FL 33609

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: JOHN P LIPPELMAN

DP

03/20/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date