

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H78571

FILED  
Jan 24, 2012  
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 US

**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 US

**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 US

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

PRES

01/24/2012

Electronic Signature of Signing Officer or Director

Date