

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 NOV 10 PM 2:35

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # **H78571**

1. Corporation Name

**JOHN P. LIPPELMAN, M.D., P.A.**

Principal Place of Business

Mailing Address

% JOHN P. LIPPELMAN  
 2919 SWANN AVE., SUITE 203  
 TAMPA FL 33609

% JOHN P. LIPPELMAN  
 2919 SWANN AVE., SUITE 203  
 TAMPA FL 33609

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**REINSTATEMENT** 03



2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/30/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2589840

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	LIPPELMAN, JOHN P.	2919 SWANN AVE	TAMPA FL

300024576219  
 11/10/03--01117--018 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LIPPELMAN, JOHN P.  
 2919 SWANN AVE.  
 SUITE 203  
 TAMPA FL 33609

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

CR2E046 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

*John P. Lippe*  
 REGISTERED AGENT MUST SIGN

Date

11/6/03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John P. Lippe*

Date

Daytime Phone #

11/6/03 813 8059600

Dr. John P. Lippelman, M.D., P.A.  
2919 Swann Avenue, Suite 203  
Tampa, Florida 33609  
(813) 870-1747

October 29, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

Enclosed is the 2003 Uniform Business Report Application for Reinstatement and a check for \$150. We did not receive the two prior uniform business report notices. In the previous years we have always filed this report and paid the filing fee in a timely manner. We apologize for any inconvenience this may have caused.

If you have any questions, please call.

Very truly yours,

  
Dr. John P. Lippelman

Enclosures