

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# K41716

Entity Name: LIPKIN & TOLEDO, P.A.

**FILED**  
**Aug 10, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

MOUNT SINAI MEDICAL CENTER  
4701 MERIDIAN AVENUE #402  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 630127  
MIAMI, FL 33163 US

**New Mailing Address:**

FEI Number: 65-0080193

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LIPKIN, DAVID  
2506 MONTCLAIRE CIRCLE  
WESTON, FL 33327 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: S ( ) Delete  
Name: LIPKIN, DAVID L.,  
Address: 2506 MONTCLAIRE CIRCLE  
City-St-Zip: WESTON, FL 33327

Title: P ( ) Delete  
Name: TOLEDO, JOSE  
Address: 15635 NW 82 CT  
City-St-Zip: MIAMI, FL 33016

Title: VP (X) Delete  
Name: TOLCHIN, RONALD  
Address: 7895 SW 125 ST  
City-St-Zip: MIAMI, FL 33156

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: LIPKIN, DAVID L.,  
Address: 2506 MONTCLAIRE CIRCLE  
City-St-Zip: WESTON, FL 33327

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID L. LIPKIN

S

08/10/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date