

m78456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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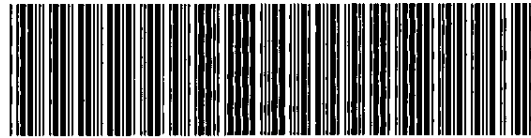
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THOMAS E LIPIN, N.D., P.A.  
(Name of Corporation)

**DOCUMENT NUMBER:** M78456

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS E. LIPIN

(Name of Person)

THOMAS E. LIPIN, MD., PA.

(Name of Firm/Company)

210 JUPITER LAKES BLVD. # 3202

(Address)

JUPITER, FL. 33458

(City/State and Zip Code)

For further information concerning this matter, please call:

JEANNE CLARK LIPIN

(Name of Person)

at ( 561 ) 746 2114

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, JEANNE CLARK LIPIN, hereby resign as MANAGER  
(Title)

of THOMAS E LIPIN, MD, DA.  
(Name of Corporation)

M78456, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA.

*Jeanne Clark Lipin*  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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TALLAHASSEE, FL 32314

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