

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

0150309

**DOCUMENT # P0000072896**

1. Entity Name  
**JEFFREY LIPMAN, D.O., P.A.**

03-20-2001 90121 001 \*\*\*\*50.00  
 03-20-2001 90121 002 \*\*\*\*150.00

Principal Place of Business <b>C/O MARC H AUERBACH, ESQ          201 S BISCAYNE BLVD. 20TH FLOOR          MIAMI FL 33131</b>	Mailing Address <b>C/O MARC H AUERBACH, ESQ          201 S BISCAYNE BLVD. 20TH FLOOR          MIAMI FL 33131</b>
---	---

U J I U U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>05-1033808</b>		Applied For <input type="checkbox"/>		Not Applicable <input type="checkbox"/>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
Zip	Country	Zip	Country	Name		Street Address (P.O. Box Number is Not Acceptable)			
City & State		City & State		City		FL		Zip Code	

**AUERBACH, MARC H ESQ  
 201 S BISCAYNE BLVD, 20TH FLOOR  
 MIAMI FL 33131**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
--	---	---	------------------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**D, P, S**  Change  Addition  
**Christopher G. Wayne, D.O.**  
**3800 N. Miami Avenue**  
**Miami, FL 33127**  
**VP, T**  Change  Addition  
**Jeffrey Lipman, D.O.**  
**3800 N. Miami Avenue**  
**Miami, FL 33127**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/00)