

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000031720

Entity Name: LIPPES AND BRYAN, P.A.

**FILED**  
**Mar 31, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

800 WEST MONROE STREET  
JACKSONVILLE, FL 32202 US

**New Principal Place of Business:**

**Current Mailing Address:**

800 WEST MONROE STREET  
JACKSONVILLE, FL 32202 US

**New Mailing Address:**

FEI Number: 59-3709489

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LIPPES, HAROLD S  
800 WEST MONROE STREET  
JACKSONVILLE, FL 32202 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: PD  
Name: LIPPES, HAROLD S  
Address: 800 WEST MONROE STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: VP  
Name: BRYAN, MARK C  
Address: 800 WEST MONROE STREET  
City-St-Zip: JACKSONVILLE, FL 32202

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: HAROLD LIPPES

P

03/31/2011

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

\_\_\_\_\_  
Date