

2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

112

DOCUMENT # P03000074215

1. Entity Name
WAYNE E. LIPSON, M.D., P.A.



05 AUG -2 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. Ecker AUG 08 2005

Principal Place of Business
1717 SOUTH OCEAN BLVD #12
LAUDERDALE BY THE SEA, FL 33062

Mailing Address
1717 SOUTH OCEAN BLVD #12
LAUDERDALE BY THE SEA, FL 33062

2. Principal Place of Business
3181 Coral Way

3. Mailing Address

Suite, Apt. #, etc.
Suite 302

Suite, Apt. #, etc.

City & State
Miami FLA

City & State

Zip
33145

Country
US

Zip

Country

06152005

REIN-P

CR2E098 (6/04)

04-05

4. FEI Number
20-0073958

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
100 SE 2 STREET STE 2800
MIAMI, FL 33131-2144

7. Name and Address of New Registered Agent

Name
Wayne Lipson

Street Address (P.O. Box Number is Not Acceptable)
3181 Coral Way #302

City
Miami

FL

Zip Code
33145

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$500.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
LIPSON, WAYNE E MD
STREET ADDRESS
1717 SOUTH OCEAN BLVD #12
CITY-ST-ZIP
LAUDERDALE BY THE SEA, FL 33062

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3181 Coral Way Ste 302
Miami, FL 33145

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address; with all other like empowered.

SIGNATURE:

Wayne Lipson

Date

Daytime Phone #



2/2

FREUND KATZ GOLDSTON YOUNG & CO., P.A.
Certified Public Accountants

Irwin B. Freund, CPA/PFS
Mitchell T. Katz, CPA, M.S.T.
Steven Goldston, CPA/PFS
Steven A. Young, CPA, CFP, M.S.T.

Sara De Armas Jewett, CPA
Guillermo Martinez, CPA

10729 S.W. 104th Street
Killian Professional Village
Miami, Florida 33176
305.279.1288 Tel
305.596.1372 Fax

3111 University Drive
Suite 720
Coral Springs, Florida 33065
954.345.8666 Tel
954.755.3766 Fax

Please reply to:

Miami

February 21, 2005

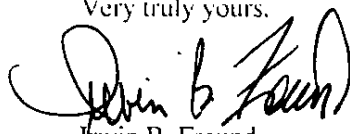
Florida Department of State
Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

**RE: Wayne E. Lipson, M.D., P.A.
Document #P03000074215**

Gentlemen:

My client is in receipt of your Notice of Dissolution or Revocation for non payment of his 2004 annual report. We are enclosing a copy of his check in the amount of \$150.00 which you received and deposited. Please reinstate his corporation so that he may file his 2005 annual report. Also, please note that his new address is 3181 Coral Way, Suite 302, Miami, Florida 33145. If there is a problem please contact the taxpayer.

Very truly yours,


Irwin B. Freund
IBF/hs

Enclosure
cc: Wayne E. Lipson, M.D., P.A.