

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000066765

Entity Name: DAVID LIPSCOMB, P.A.

**FILED**  
**Mar 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

15100 HUTCHISON ROAD  
SUITE 106  
TAMPA, FL 33625

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 271017  
TAMPA, FL 33688 US

**New Mailing Address:**

FEI Number: 26-0296751

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LIPSCOMB, DAVID W  
15100 HUTCHISON ROAD  
SUITE 106  
TAMPA, FL 33625 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: P  
Name: LIPSCOMB, DAVID W  
Address: 15100 HUTCHISON ROAD, SUITE 106  
City-St-Zip: TAMPA, FL 33625

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: DAVID W. LIPSCOMB

P

03/19/2011

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

\_\_\_\_\_  
Date