


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 13, 2007 08:00 AM
Secretary of State**

| | |
|---|---|
| DOCUMENT # P95000039391 1. Entity Name RANDALL W. SIPP, D.M.D., P.A. |  |
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|---|---|
| Principal Place of Business 2715 W FAIRBANKS AVE SUITE 100 WINTER PARK, FL 32789 | Mailing Address 2715 W FAIRBANKS AVE SUITE 100 WINTER PARK, FL 32789 |
|---|---|

DO NOT WRITE IN THIS SPACE



07092007 No Chg-P CR2E034 (11/05)

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|---|--|
| 4. FEI Number 59-3283041 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

SIPP, RANDALL W
2715 W FAIRBANKS AVE
SUITE 100
WINTER PARK, FL 32789

**DO NOT WRITE
IN THIS SPACE**

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 site if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|--|---|---|
| FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000768657 07/13/07-80005-021 550.00 |
|--|---|---|

10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P SIPP, RANDALL W 2715 W. FAIRBANKS AVE., SUITE 100 WINTER PARK, FL 32789 |
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **7/10/07** **407 6280111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #