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FILED

Apr 15 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P96000002397 (3)

1. Corporation Name

BRIAN LOUIS LIPSHY, P.A.



Principal Place of Business

150 E. PALMETTO PARK RD.  
SUITE 435  
BOCA RATON FL 33432

Mailing Address

150 E. PALMETTO PARK RD.  
SUITE 435  
BOCA RATON FL 33432-4831

3. Date Incorporated or Qualified

01/09/1996

3a. Date of Last Report

2. Principal Place of Business

21 1650 S. DIXIE HWY

Suite, Apt. #, etc.

22 SUITE 2A

City & State

23 BOCA RATON, FL

24 33432

Country

2a. Mailing Address

26 1650 S. DIXIE HWY

Suite, Apt. #, etc.

27 SUITE 2A

City & State

28 BOCA RATON, FL

29 33432

Country

4. FEI Number

05-0630967

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

LIPSHY, BRIAN L  
150 E. PALMETTO PARK RD.  
SUITE 435  
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 1650 S. DIXIE HWY, SUITE 2A

84 City

BOCA RATON

FL

85 Zip Code

33432

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME LIPSHY, BRIAN L  
STREET ADDRESS 150 E. PALMETTO PARK RD., STE. 435  
CITY-ST-ZIP BOCA RATON FL 33432

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1650 S. DIXIE HWY, SUITE 2A  
BOCA RATON, FL 33432

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)