

DOCUMENT # P97000031713

1. Entity Name
MORRIS J. LIPNIK, M.D., P.A.



Principal Place of Business
11181 HEALTH PARK BLVD
2280
NAPLES, FL 34110

Mailing Address
27730 RIVER WALK WAY
BONITA SPRINGS, FL 34134

FILED
Jul 05, 2005 08:00 AM
Secretary of State



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3452885

Applied For

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIPNIK, MORRIS J MD
11181 HEALTH PARK BLVD
SUITE 2280
NAPLES, FL 34110

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, 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 \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	LIPNIK, MORRIS J MD	11181 HEALTH PARK BLVD, #2280	NAPLES, FL 34110

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, or changed, or on an attachment with an address, with all other like empowered.

Thomas J. Dwyer