FILED
Jan 23, 2006 08:00 AM
Secretary of State

D CUMENT # P97000031713

1. Name
M RIS J. LIPNIK, M.D., P.A.

Principal Place of Business
HEALTH PARK BLVD
FL 34110

Mailing Address
27730 RIVER WALK WAY
BONITA SPRINGS, FL 34134

01102006 No Chg-P CR2E034 (11/05)

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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

LI IK, MORRIS J MD
1' HEALTH PARK BLVD
SI 2280
N. ES, FL 34110

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, 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
May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

UD00000398233
01/30/06-80086-013 150.00

10 OFFICERS AND DIRECTORS

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

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13 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 a director or officer 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 above, or on an attachment with an address, with all other like empowered.

Morris Lipnik MD