

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000106121

FILED
Sep 05, 2005
Secretary of State

Entity Name: SCOTT L. LIPOFF, M.D., P.A.

Current Principal Place of Business:

2112 NW 135TH TERRACE
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

14260 W NEWBERRY ROAD
#317
NEWBERRY, FL 32669

New Mailing Address:

FEI Number: 59-3482564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPOFF, SCOTT L M.D.
2112 NW 135TH TERR.
GAINESVILLE, FL 32606 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR. () Delete
Name: LIPOFF, SCOTT L M.D.
Address: 2112 NW 135TH TERR.
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SCOTT L. LIPOFF, MD

PRES

09/05/2005

Electronic Signature of Signing Officer or Director

Date