

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90123 047 ***150.00

DOCUMENT # P97000106121

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



Principal Place of Business
**6830 NW 11TH PL. STE B
GAINESVILLE FL 32605**

Mailing Address
**6830 NW 11TH PL. STE B
GAINESVILLE FL 32605**

2. Principal Place of Business

3. Mailing Address

2112 NW 135th Terrace

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32606

Country

USA

4. FEI Number **59-3482564**

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIPOFF, SCOTT L M.D.
6830 NW 11TH PL, STE B
GAINESVILLE FL 32605**

Name

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

2112 NW 135th Terrace

City

Gainesville

FL

Zip Code

32606

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]**
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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **LIPOFF, SCOTT L M.D.**
STREET ADDRESS **6830 NW 11TH PL, STE B**
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE ☒ Change ☐ Addition
NAME **2112 NW 135th Terrace**
STREET ADDRESS **Gainesville, FL 32606**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 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: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03
Date

Daytime Phone #

CR2E034 (10/02)