

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S39999

(5)

1. Corporation Name

SAMUEL N. LIPSETT, M.D., INC.



Principal Place of Business

5200 N OCEAN DRIVE
APT 19 D
SINGER ISLAND FL 33404

Mailing Address

5200 N OCEAN DRIVE
APT 19 D
SINGER ISLAND FL 33404

3. Date Incorporated or Qualified
03/21/1991

3a. Date of Last Report
07/21/1995

2. Principal Place of Business

2a. Mailing Address

21 211 Eldorado Lane

26 211 Eldorado Lane

4. FEI Number

22-2006462

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

10. Name and Address of New Registered Agent

LIPSETT, SAMUEL N. DR.
5200 N OCEAN DR
APT 19D
SINGER ISLAND FL 33404

81 Name ~~LIPSETT, SAMUEL N. DR.~~

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME LIPSETT, SAMUEL N.
STREET ADDRESS 5200 N. OCEAN DR
CITY-ST-ZIP SINGER ISLAND FL ☐ DELETE

1 1 TITLE LIPSETT, SAMUEL N. DR. ☒ Change ☐ Addition
12 NAME 211 Eldorado Lane
13 STREET ADDRESS Palm Beach, Florida 33480-3301
14 CITY-ST-ZIP

TITLE TS
NAME LIPSETT, ANITA W.
STREET ADDRESS 5200 N OCEAN DR
CITY-ST-ZIP SINGER ISLAND FL ☒ DELETE

2 1 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

3 1 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4 1 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5 1 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6 1 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Samuel N. Lipsett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96 *407-8558*
Date Daytime Phone

CR2E034 (12/95)