

FILED
May 29, 2002 8:00 am
Secretary of State

04-18-2002 90465 047 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S39999

1. Entity Name

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

87570

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
211 ELDORADO LANE

3. Mailing Address
211 ELDORADO LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PALM BEACH, FL

City & State
PALM BEACH, FL

4. FEI Number
22-2006462

Applied For
Not Applicable

Zip Country
33480-3301 US

Zip Country
33480-3301 US

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

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent
Name SAMUEL N. LIPSETT, M.D., INC.
Street Address (P.O. Box Number is Not Acceptable)
211 ELDORADO LANE
PALM BEACH, FL
City FL Zip Code 33480

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 Fee is \$150.00
After May 1 Fee is \$550.00
If Amended UBR is \$6125
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
LIPSETT, SAMUEL N.
211 ELDORADO LANE
PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DO NOT WRITE
IN THIS SPACE

13. 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 11 or on an attachment with an address with all other like empowered.

SIGNATURE: X Samuel N. Lipsett SAMUEL N. LIPSETT X 3/10/02 561-842-5885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #