

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S79097

FILED  
Apr 28, 2010  
Secretary of State

**Entity Name:** WILLIAM E LIPPISCH, D.M.D., P.A.

**Current Principal Place of Business:**

841 EAST OCEAN BLVD.  
STUART, FL 34994 US

**New Principal Place of Business:**

**Current Mailing Address:**

841 EAST OCEAN BLVD.  
STUART, FL 34994 US

**New Mailing Address:**

**FEI Number:** 65-0285251

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LIPPISCH, WILLIAM E  
841 EAST OCEAN BLVD.  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

LIPPISCH, WILLAM E OWNER  
841 EAST OCEAN BLVD.  
STUART, FL 34994 US

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: WILLAM LIPPISCH DMD

04/28/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: LIPPISCH, WILLIAM E WILLAM  
Address: 841 EAST OCEAN BLVD  
City-St-Zip: STUART, FL 34994

I hereby 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 all other like empowered.

SIGNATURE: WILLAM LIPPISCH DMD

OWNE

04/28/2010

Electronic Signature of Signing Officer or Director

Date