

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G27048

**Entity Name:** MADELYN B. LIPMAN M.D. P.A.

**Current Principal Place of Business:**

7301 NORTH UNIVERSITY DRIVE  
102  
TAMARAC, FL 33321

**Current Mailing Address:**

7301 NORTH UNIVERSITY DRIVE  
102  
TAMARAC, FL 33321

**FEI Number:** 59-2266210

**Certificate of Status Desired:** No

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

LIPMAN, KENNETH W.  
5355 TOWN CENTER RD.,STE. 301  
BOCA RATON, FL 33432 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	PSD	Title	T
Name	LIPMAN, MADELYN B.	Name	LIPMAN, KENNETH W.
Address	3643 PRINCETON PLACE	Address	3643 PRINCETON PLACE
City-State-Zip:	BOCA RATON FL 33496	City-State-Zip:	BOCA RATON FL 33496

*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:** MADELYN B LIPMAN MDPA

**PRESIDENT**

**01/09/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date