

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H78571

Entity Name: JOHN P. LIPPELMAN, M.D., P.A.

Current Principal Place of Business:

JOHN P. LIPPELMAN MD PA
508 S. HABANA AVE. SUITE #220
TAMPA, FL 33609

Current Mailing Address:

JOHN P. LIPPELMAN MD PA
508 S. HABANA AVE. SUITE #220
TAMPA, FL 33609 US

FEI Number: 59-2589840

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LIPPELMAN, JOHN P.
508 S. HABANA AVE.
SUITE 220
TAMPA, FL 33609 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 DP
Name LIPPELMAN, JOHN P.
Address 508 S. HABANA AVE. #220
City-State-Zip: TAMPA FL 33609

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: JOHN P. LIPPELMAN MD PA

PHYSICIAN/OWNER

01/09/2015

Electronic Signature of Signing Officer/Director Detail

Date