

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 589605

**FILED**  
**Feb 18, 2019**  
**Secretary of State**  
**3052664949CC**

**Entity Name:** LEOPOLD KORN, P.A.

**Current Principal Place of Business:**

20801 BISCAYNE BLVD  
SUITE 501  
AVENTURA, FL 33180

**Current Mailing Address:**

20801 BISCAYNE BLVD  
SUITE 501  
AVENTURA, FL 33180 US

**FEI Number:** 59-1851337

**Certificate of Status Desired:** No

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

KORN, GARY A  
20801 BISCAYNE BLVD.  
SUITE 501  
AVENTURA, FL 33180 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 PD  
Name LEOPOLD, KAREN S  
Address 20801 BISCAYNE BLVD., SUITE 501  
City-State-Zip: AVENTURA FL 33180

Title S  
Name LEOPOLD, KAREN S  
Address 20801 BISCAYNE BLVD STE STE 501  
City-State-Zip: AVENTURA FL 33180

Title VPTD  
Name KORN, GARY A  
Address 20801 BISCAYNE BLVD., SUITE 501  
City-State-Zip: AVENTURA FL 33180

*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:** KAREN LEOPOLD

**PRESIDENT**

**02/18/2019**

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

\_\_\_\_\_  
Date