2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. Entity Nam	MENT # F14477 « (OPELMAN, D.P.M., P.A.					Feb 02, 2004 08:00 AM Secretary of State					
Principal Plac	e of Business	Mailine	Address		<u> </u>	\dashv					
4423 CENTE		4423 CENTRAL AVE									
	SURG FL 33713	ST PETERSBURG FL 33713									
2. Principal P	lace of Business	3. Mailing Address				-					
<u> </u>							1)	TETI MINIT STETI NIUS			
Suite, Apt	#, etc	Surle, Apt. #, etc.					MOORE C	R2E034	(11/03)	_ ===	
City & Stati	е	City & State				4.	FEI Number 59-2049650			olied For Applicable	
Zip	Country	Zip		Coun	muy		Certificate of Status Desired		\$8.75 Addi Fee Required		
	6. Name and Address of Current	Registere	d Agent	<u></u>		7.	Name and Address of New Re	sistered /	lgent		
					Name						
KOPELMAN, JEFF D 4423 CENTRAL AVE					Street Address (P.O. Box Number is Not Acceptable)						
ST PETERSBURG FL 33713											
					City			EI	Zip Code	· · · · · · · · · · · · · · · · · · ·	
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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE.	Signature, typed or pressed name of registered agent	and title I app	icable (NOT	É Registere	d Agent signature req	ured when s	renstang)	DATE			
F	ILE NOW!!! FEE IS \$150.00										
After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Final Trust Fund Contribution.			May Be to Fees	
10. OFFICERS AND DIRECTORS 11						Αξ	DDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTORS	IN 11	
TITLE	P		Delete	TIL	£	· -	U000000287	70C:	☐ Change	Addition	
NAME	KOPELMAN, JEFF D			NAM	- }		02/04/04-8003	34-811	158.75		
STREET ADDRESS CITY ST-ZIP	4423 CENTRAL AVE ST PETERSBURG FL 33713				ET ADDRESS ST-ZIP				*****		
सारह	TS		☐ Delete	ME					☐ Change	Addition	
MAME	KOPELMAN, HARVEY			NAM	}				_		
STREET ADDRESS	4423 CENTRAL AVE				ET ADDRESS						
CITY ST-ZIP	ST PETE FL 33713				-ST-ZIP				C Observe		
TITLE NAME	V KOPELMAN, MICHELLE		☐ Belete	UTS MAN	1				Change	Addition	
STREET ADDRESS	4423 CENTRAL AVE				TET ADDRESS						
CITY-ST-ZIP	ST. PETE FL 33713			CITY	-ST-Z8P						
TETLE			☐ Delete	TOTAL	1				Change	Addition	
NAME CZDECZ ADDRECC				NAM	IE ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP					-ST-782						
TELLE			☐ Delete	TEL	ŧ I		· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
HANK				NAM	SE						
STREET ADDRESS					EZZERDUA TEL						
CITY~ST-ZIP			<u> </u>		-ST-ZIP				☐ Change	Addition	
TITLE NAME			☐ Delete	TIT). Nam	{				C Asserting	CT LOGGGGIS	
STREET ADDRESS					EET ADORESS						
CITY-SI-ZIP	<u></u>				- ST- ZIP					<u> </u>	
12. I hereby of indicated of the cor changed	certify that the information supplied with i on this report or supplemental report is poration or the receiver or trustee emp , or on an attachment with an address,	n this filing s true and owered to with all oth	does not qualify fo accurate and that i execute this report er like empowered	or the exe my signa (as requi (,	emption stated in sture shall have t ired by Chapter	1 Section the same 607, Flor	n 119.07(3)(i), Florida Statutes, i f e legal effect as if made under oa rida Statutes; and that my name	urther cer ath, that I a appears I	tify that the in am an officer in Block 10 or	formation or director Block 11 if	

FILED

Daytime Phone #