


FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90010 041 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F14477 1. Entity Name JEFF D. KOPELMAN, D.P.M., P.A.	
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Principal Place of Business 4423 CENTRAL AVE ST PETERSBURG, FL 33713	Mailing Address 4423 CENTRAL AVE ST PETERSBURG, FL 33713
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40037284



02032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2049650	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KOPELMAN, JEFF D 4423 CENTRAL AVE ST PETERSBURG, FL 33713
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOPELMAN, JEFF D 4423 CENTRAL AVE ST PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS KOPELMAN, HARVEY 4423 CENTRAL AVE ST PETE, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOPELMAN, MICHELLE, 4423 CENTRAL AVE ST. PETE, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/06

727 3244048