


**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.



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"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 KOPELMAN, JEFF D  
 4423 CENTRAL AVE  
 ST PETERSBURG, FL 33713

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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:  **JEFF D. KOPELMAN** 3/15/06 727 3244048  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #