## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 29, 2007 08:00 AM Secretary of State

				0.00		
DOCUMENT # F14477  1. Entity Name JEFF D. KOPELMAN, D.P.M., P.A.			Secretary of State			
Principal Place	e of Business	Mailing Address				
4423 CENTR ST PETERSBU	AL AVE URG, FL 33713	4423 CENTRAL AVE ST PETERSBURG, FL 33713			** ***	
ח	O NOT WOITE	^=	01222007	No Chg-P	CR2E034 (11/05)	
DO NOT WRITE IN THIS SPACE			<u>                                 </u>	4. FEI Numb 59-204		Applied For Not Applicable
				5. Certificate	of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent		<u> </u>		
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. J am familiar with, and accept						
the obligations of registered agent.  SIGNATURE  Signature, type of printed name of registered agent and title if epolicoble. (NOTE, Registered Agent signature required when reinstating)  DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				.00 May Be ed to Fees		
10.	OFFICERS AND D	RECTORS				
NTLE NAME STREET ADDRESS CHY-ST-ZIP	P KOPELMAN, JEFF D 4423 CENTRAL AVE ST PETERSBURG, FL 33713				02/02/ 02/02/	)000610270 /07-80014-028 158.7
THRE NAME STREET ADDRESS CHTY-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	DO NOT WRITE				
TITLE NAME STREET ADDRESS CHY-ST-ZIP				IN '	THIS SI	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TIFLE NAME						

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 addless with all programs.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/45/01

727 3214140

Daytime Phone #