


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

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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DO NOT WRITE IN THIS SPACE



01222007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-2049650 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" 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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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 *Jeff D. Kopelman* DATE 1/25/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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| 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 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 02/02/07-80014-028 158.75

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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* DATE 1/25/07 DAYTIME PHONE # 727 3214140
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR