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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K78912**   **(8)**

1. Corporation Name

MICHAEL D. MOPSICK, P.A.

Principal Place of Business	Mailing Address
%MICHAEL D. MOPSICK 7000 W PALMETTO PARK RD STE 203 BOCA RATON FL 33433	%MICHAEL D. MOPSICK 7000 W PALMETTO PARK RD STE 203 BOCA RATON FL 33433-3480

3. Date Incorporated or Qualified	3a. Date of Last Report
04/10/1989	05/01/1996

2. Principal Place of Business
[21] 7777 Glades Rd.
Suite, Apt. #, etc.
[22] Suite 200
City & State
[23] Boca Raton, FL
Zip [24] 33434   Country [25]

2a. Mailing Address
[26] 7777 Glades Rd
Suite, Apt. #, etc.
[27] Suite 200
City & State
[28] Boca Raton, FL
Zip [29] 33434   Country [30]

4. FEI Number
65-0110502   ☐ Applied For   ☐ Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes   ☐ Yes   ☐ No

9. Name and Address of Current Registered Agent

MOPSICK, MICHAEL D.
7000 W PALMETTO PARK RD STE 203
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

[81] Name
[82] Street Address (P.O. Box Number is Not Acceptable)
7777 Glades Rd,
[83] Suite 200
[84] City Boca Raton   FL   [85] Zip Code 33434

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	MOPSICK, MICHAEL D.		1.2 NAME			
STREET ADDRESS	3119 ST ANNES DR		1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date 4/28/97   Daytime Phone # 561-488-8800