2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2009
Secretary of State

DOCUMENT# L67198

Entity Name: GOPMAN & GOPMAN, P.A.

Current Principal Place of Business:

9121 N. MILITARY TRAIL, #209
GARDENS PROFESSIONAL CENTER
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

9121 N. MILITARY TRAIL
SUITE #209
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

9121 N. MILITARY TRAIL, #209
GARDENS PROFESSIONAL CENTER
PALM BEACH GARDENS, FL 33410

New Mailing Address:

9121 N. MILITARY TRAIL
SUITE #209
PALM BEACH GARDENS, FL 33410

FEI Number: 65-0190147 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMY B. R. GOPMAN
9121 N. MILITARY TRAIL, #209
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

GOPMAN, AMY B DR
9121 N. MILITARY TRAIL
SUITE #209
PALM BEACH GARDENS, FL 33410 US

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.

SIGNATURE: AMY BR GOPMAN 05/13/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GOPMAN, AMY B.
Address: 735 CHARLESTOWN CIR.
City-St-Zip: P.B GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: GOPMAN, AMY B DR
Address: 735 CHARLESTOWN CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY BR GOPMAN, DMD PRES 05/13/2009
Electronic Signature of Signing Officer or Director Date