

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000009817

1. Entity Name

STEPHEN J. POPKO, PSY.D., P.A.



FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90506 023 ***150.00

Principal Place of Business

100 NE 15TH STREET
SUITE 208
HOMESTEAD, FL 33030-4578

Mailing Address

100 NE 15TH STREET
SUITE 208
HOMESTEAD, FL 33030-4578



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number

04-3594741

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CADENAS, MARIA ISABEL CPA
1390 SOUTH DIXIE HWY
#2108
CORAL GABLES, FL 33146

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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.
POPKO, STEPHEN J
100 NE 15TH STREET
HOMESTEAD, FL 330304578

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
KLOCK POPKO, MARILYN
100 NE 15TH STREET
HOMESTEAD, FL 330304578

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
CADENAS, MARIA ISABEL
100 NE 15TH STREET
HOMESTEAD, FL 330304578

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 exemption stated in Section 119.07(3)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maria Isabel Cadenas
MARIA ISABEL CADENAS, TRS.

Date

Daytime Phone #

4/28/05 (305)665-2466