

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000009817

1. Entity Name
STEPHEN J. POPKO, PSY.D., P.A.



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



04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3594741	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	POPKO, STEPHEN J
STREET ADDRESS	100 NE 15TH STREET
CITY - ST - ZIP	HOMESTEAD, FL 330304578
TITLE	VS
NAME	KLOCK POPKO, MARILYN
STREET ADDRESS	100 NE 15TH STREET
CITY - ST - ZIP	HOMESTEAD, FL 330304578
TITLE	T
NAME	CADENAS, MARIA ISABEL
STREET ADDRESS	100 NE 15TH STREET
CITY - ST - ZIP	HOMESTEAD, FL 330304578
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/15/06-80024-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stephen J. Popko, Presi 04/27/2006 305.665.2466