

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000104094

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**Entity Name:** MINDY S. KOPOLOW, PSY. D., P.A.

**Current Principal Place of Business:**

124 WATERTOWN STREET  
3A-WEST  
WATERTOWN, MA 02472 US

**New Principal Place of Business:**

**Current Mailing Address:**

263 BROWN STREET  
APT 2  
WALTHAM, MA 02453 US

**New Mailing Address:**

**FEI Number:** 65-0883066      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HERSKOWITZ, JACK L  
9100 S. DADELAND BLVD., STE. 1404  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**Title:** DPST  
**Name:** KOPOLOW, MINDY S  
**Address:** 124 WATERTOWN STREET, SUITE 3A-WEST  
**City-St-Zip:** WATERTOWN, MA 02472 US

I hereby 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 all other like empowered.

SIGNATURE: MINDY S. KOPOLOW, PSY.D., P.A.

DPST

01/17/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date