

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000060270

**Entity Name:** LAWRENCE M. KOPELMAN, P.A.

**Current Principal Place of Business:**

ONE WEST LAS OLAS BLVD.  
SUITE 500  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

ONE WEST LAS OLAS BOULEVARD  
SUITE 500  
FORT LAUDERDALE, FL 33301 US

**FEI Number:** 47-1362406

**Certificate of Status Desired:** No

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

KOPELMAN, LAWRENCE M  
ONE WEST LAS OLAS BOULEVARD  
SUITE 500  
FORT LAUDERDALE, FL 33301 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name KOPELMAN, LAWRENCE M  
Address ONE WEST LAS OLAS BOULEVARD  
SUITE 500  
City-State-Zip: FORT LAUDERDALE FL 33301

*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:** LAWRENCE KOPELMAN

**PRESIDENT**

**01/11/2018**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date