

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S29902

**Entity Name:** LARRY R. POPEIL, M.D., P.A.

**Current Principal Place of Business:**

2203 SE 3RD AVENUE  
OCALA, FL 34471

**Current Mailing Address:**

2203 SE 3RD AVENUE  
OCALA, FL 34471 US

**FEI Number:** 59-3024305

**Certificate of Status Desired:** No

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

FUTCH, R. WILLIAM  
2201 SE 30TH AVENUE  
#202  
OCALA, FL 34471 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 DR.  
Name POPEIL, LARRY R  
Address 2203 SE 3RD AVENUE  
City-State-Zip: Ocala FL 34471

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:** LARRY POPEIL

**PRESIDENT**

**01/16/2018**

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

\_\_\_\_\_  
Date