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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 PM 1:25

DOCUMENT # F73841 (1)

RECEIVED
JAN 9 1995
Amt. 1-9-95

1. Corporate Name
ALAN B. COHEN, M.D., P.A.

Principal Street Address
1501 FOREST HILL BLVD STE 104
W PALM BEACH FL 33406

Mailing Address
1501 FOREST HILL BLVD STE 104
W PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/26/1982

3a. Date of Last Report: 01/25/1994

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: 59-2286436

Applied For / Not Applicable

Suite, Apt. #
22

Suite, Apt. #
27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City, State
23

City, State
28

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

Zip
24

Country
25

Zip
29

Country
30

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COHEN, ALAN B. M.D. P.A.
1501 FOREST HILL BLVD. SUITE 104
WEST PALM BCH. FL 33406

10. Name and Address of New Registered Agent

81 Name

82 Street Address P.O. Box Number is Not Acceptable

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Section [illegible] Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation's board of directors, if any, has caused this statement to be executed and has authorized the undersigned officer or director to execute this statement.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COHEN, ALAN B
STREET ADDRESS	1501 FOREST HILL BLVD.
CITY, ST, ZIP	WEST PALM BCH. FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. [illegible]

SIGNATURE: Alan B. Cohen, MD, PA 1/9/95 1-407-439-2535

SIGNATURE AND TYPE OR PRINT NAME OF CORPORATE OFFICER OR DIRECTOR

0245720 CP