

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90169 047 \*\*\*150.00

**DOCUMENT # F86954**

1. Entity Name  
**MATTHEW M. COHEN, M.D., P.A.**

Principal Place of Business  
**2864-B REMINGTON GREEN CIR.  
 TALLAHASSEE FL 32308**

Mailing Address  
**2864-B REMINGTON GREEN CIR.  
 TALLAHASSEE FL 32308**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**6515 Aqueduct Court**  
 Suite, Apt. #, etc.

3. Mailing Address  
**6515 Aqueduct Court**  
 Suite, Apt. #, etc.

City & State  
**Tallahassee FL**

Zip Country  
**32308 USA**

City & State  
**Tallahassee FL**

Zip Country  
**32308 USA**

4. FEI Number **59-2199684**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**COHEN, MATTHEW M MD  
 1616 RIGGINS RD  
 TALLAHASSEE FL 32308**

Name **Cohen, Matthew M MD**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6515 Aqueduct Court**  
 City **Tallahassee FL** Zip Code **32308**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/30/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD COHEN, MATTHEW MD 2864-B REMINGTON GREEN TALLAHASSEE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Cohen, Matthew MD 6515 Aqueduct Court Tallahassee, FL 32308</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 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

**1/30/01**  
 Date

**850-893-2756**  
 Daytime Phone #

CR2E034 (10/00)