

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90203 047 ***150.00

DOCUMENT # L82421**1. Entity Name****RICHARD M. COHEN, M.D., P.A.****Principal Place of Business****302 S BRYAN RD
SUITE 1
BRANDON FL 33511****Mailing Address****302 S BRYAN RD
SUITE 1
BRANDON FL 33511**

AUG 1 2001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number**59-3014248**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****COHEN, RICHARD M.
302 S BRYAN RD
SUITE 1
BRANDON FL 33511****7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	PD			
	COHEN, RICHARD M.	302 S BRYAN RD	BRANDON FL	

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ 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

Richard M Cohen MD

4/26/01

Date

813-654-1226

Daytime Phone #

CR2E034 (10/00)