


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90014 045 ***150.00

DOCUMENT # P05000026421

1. Entity Name
LERNER COHEN HEALTHCARE, P.A.



Principal Place of Business
**1230 SEA PLUME WAY
 SARASOTA, FL 34242**

Mailing Address
**1230 SEA PLUME WAY
 SARASOTA, FL 34242**

2. Principal Place of Business
1921 Waldemere St

3. Mailing Address
1921 Waldemere St

Suite, Apt. #, etc. **814**

City & State
Sarasota FL

City & State
Sarasota FL

Zip **34239** Country **USA**

Zip **34239** Country **USA**



02012006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

**RUGG, JOSEPH W. N.
 100 S ASHLEY DR STE 1500
 TAMPA, FL 33602**

4. FEI Number **74-3141022**

Applied For
 Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, LOUIS M.M.D.	
STREET ADDRESS	456 E MACEWEN DR	
CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	D	<input type="checkbox"/> Delete
NAME	LERNER, BRAD S.M.D.	
STREET ADDRESS	1230 SEA PLUME WAY	
CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>of address</i>
NAME	LERNER, BRAD S.M.D.	
STREET ADDRESS	7304 COUNTY RD 675E	
CITY-ST-ZIP	BRADENTON, FL 34211	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Brad Lerner* **BRAD LERNER** 2/20/06 941-953-9080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #