

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 02, 2011
Secretary of State

Entity Name: LERNER COHEN HEALTHCARE, P.A.

Current Principal Place of Business:

1921 WALDEMERE ST
814
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

1921 WALDEMERE ST
814
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 74-3141022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STROUD, ROBERT . S ESQ.
802 11TH ST. N.
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: COHEN, LOUIS M M.D.
Address: 1921 WALDEMERE ST. SUITE 814
City-St-Zip: SARASOTA, FL 34239

Title: D
Name: LERNER, BRAD S M.D.
Address: 1921 WALDEMERE ST. SUITE 814
City-St-Zip: SARASOTA, FL 34239

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: BRAD LERNER

VP

02/02/2011

Electronic Signature of Signing Officer or Director

Date