

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000049869 (9)**

1. Corporation Name

JEROLD A. COHEN, M.D., P.A.



Principal Place of Business

**5800 COLONIAL DR #207
MARGATE FL 33063**

Mailing Address

**5800 COLONIAL DR #207
MARGATE FL 33063**

3. Date Incorporated or Qualified
07/16/1993

3a. Date of Last Report
01/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COHEN, JEROLD A MD
5800 COLONIAL DR #207
MARGATE FL 33063**

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 Sections 607.0502 and 607.1508, 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. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of person making the registration is required when registering)

(If the Registered Agent signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DPVS
COHEN, JEROLD A MD**
STREET ADDRESS **5800 COLONIAL DR #207**
CITY-STATE-ZIP **MARGATE FL**

11 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **COHEN, JEROLD A. MD**
STREET ADDRESS **5800 COLONIAL DR., #207**
CITY-STATE-ZIP **MARGATE FL**

12 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

14 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

15 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

16 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

17 CITY-STATE-ZIP ☐ Change ☐ Addition

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerold A. Cohen MD Pres. 1/24/96 (954) 979-1400
JEROLD A. COHEN, M.D.

CR2E034 (12/95)