FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
Mar 19 1997 8:00am
Secretary of State

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 33063-5662

3. Date Incorporated or Qualified: 07/16/1993
3a. Date of Last Report: 01/30/1996
4. FEI Number: 65-0422965

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199 of Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
COHEN, JEROLD A MD
5800 COLONIAL DR #207
MARGATE FL 33063

10. Name and Address of New Registered Agent
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, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Add (repeated for each entry)

900002118639
-03/20/97--01010--023
***165.00

Jerold A. Cohen MD 3/6/97

3/19/97

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Jerold A. Cohen MD Jerold A Cohen MD 1/3/97 (954)979-140