

DOCUMENT # P93000049869

1. Entity Name

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

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Principal Place of Business	Mailing Address
5800 COLONIAL DR #207 MARGATE FL 33063	5800 COLONIAL DR #207 MARGATE FL 33063-5674

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

9. 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.

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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11.		OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS COHEN, JEROLD A MD 5800 COLONIAL DR #207 MARGATE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COHEN, JEROLD A. MD 5800 COLONIAL DR., #207 MARGATE FL	<input type="checkbox"/> Delete
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[illegible]

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: Michael A. Cohen, M.D. Jerold A. Cohen, M.D. 1/10/2000 954-979-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #