

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000049869 1. Entity 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
--	--

DO NOT WRITE IN THIS SPACE



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0422965	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	---

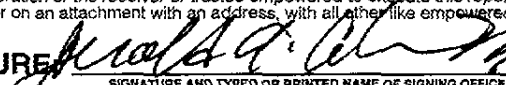
10. OFFICERS AND DIRECTORS

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

1100000018868
01/29/04-80004-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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  **Jerold A. Cohen, M.D.** 1/23/04 954-977-1400

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