

2002 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Apr 10, 2002 8:00 am
Secretary of State

01-30-2002 90094 044 ***150.00

DOCUMENT # 493324

1. Entity Name

MICHAEL D. KOHEN, M.D., P.A.

Principal Place of Business

709 NORTH CLYDE MORRIS BLVD.
 DAYTONA BCH. FL 32114

Mailing Address

709 NORTH CLYDE MORRIS BLVD.
 DAYTONA BCH. FL 32114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1641576

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOHN M.D., MICHAEL D.
 709 NORTH CLYDE MORRIS BLVD.
 DAYTONA BEACH FL 32114

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME KOHN M.D., MICHAEL D. ☐ Delete
 STREET ADDRESS 709 N CLYDE MORRIS BLVD - President
 CITY-ST-ZIP DAYTONA BEACH FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S
 NAME DIAMOND, MICHAEL A., M.D. ☐ Delete
 STREET ADDRESS 709 N CLYDE MORRIS BLVD - Secretary
 CITY-ST-ZIP DAYTONA BEACH FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ~~709 N CLYDE MORRIS BLVD~~
 NAME ~~709 N CLYDE MORRIS BLVD~~ ☐ Delete
 STREET ADDRESS ~~709 N CLYDE MORRIS BLVD~~
 CITY-ST-ZIP ~~Daytona Beach, FL 32114~~

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 D. Kohn
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20034 (9/01)