

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90730 033 ***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

94057468



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael D. Kohen, M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04

Date

Daytime Phone #