
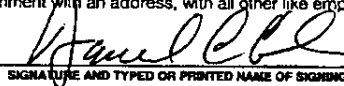


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 21, 2004 8:00 am
Secretary of State

09-21-2004 90001 021 ***150.00

DOCUMENT # G00908 1. Entity Name DANIEL C. COHEN, D.D.S., P.A.					
Principal Place of Business 2107 59TH ST W BRADENTON FL 34209			Mailing Address 2107 59TH ST W BRADENTON FL 34209		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2217999	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COHEN, DANIEL 2107 59TH ST W BRADENTON FL 33529			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COHEN, DANIEL 2107 59TH STREET, WEST BRADENTON FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 			Date 8/21/04 Daytime Phone # 941-792-4153		

Attachment 24685898

DANIEL C. COHEN, D.D.S., P.A.

G00908

2107 59TH STREET WEST
BRADENTON, FLORIDA 34209
TELEPHONE (941) 792-4153
FAMILY DENTISTRY

8/17/04

Reinstatement Dept.

Division of Corp.

Annual Report Section

P.O. Box 6327

Tallahassee, FL 32314

Dear Sir,

I did not receive any prior notice
of the corporation fee.

Would you please correct.

Enclosed is a check for \$150.00.

Thank You

DCH