

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 493324

**Entity Name:** MICHAEL D. KOHEN, M.D., P.A.

**Current Principal Place of Business:**

709 NORTH CLYDE MORRIS BLVD.  
DAYTONA BCH., FL 32114

**Current Mailing Address:**

709 NORTH CLYDE MORRIS BLVD.  
DAYTONA BCH., FL 32114

**FEI Number:** 59-1641576

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COSTA DINIZ DOMINGUES, VINICIUS  
709 NORTH CLYDE MORRIS BLVD.  
DAYTONA BEACH, FL 32114 US

*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:** VINICIUS COSTA DINIZ DOMINGUES

01/03/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P/S/T/D  
Name COSTA DINIZ DOMINGUES, VINICIUS  
Address 709 NORTH CLYDE MORRIS BLVD.  
City-State-Zip: DAYTONA BCH. FL 32114

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** VINICIUS COSTA DINIZ DOMINGUES

P/T/S/D

01/03/2024

Electronic Signature of Signing Officer/Director Detail

Date