

2014 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:

KOHEN M.D., MICHAEL D.
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name KOHEN M.D., MICHAEL D.
Address 709 N CLYDE MORRIS BLVD
City-State-Zip: DAYTONA BEACH FL

Title S
Name DIAMOND, MICHAEL A., M.D
Address 709 N CLYDE MORRIS BLVD
City-State-Zip: DAYTONA BEACH FL

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: MARILYN C. BUCK

OFFICE MANAGER

01/07/2014

Electronic Signature of Signing Officer/Director Detail

Date