

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G28824

**FILED**  
**Feb 21, 2015**  
**Secretary of State**  
**CC4622206583**

**Entity Name:** AVRIEL COHEN, D.P.M., P.A.

**Current Principal Place of Business:**

2299 N UNIVERSITY DR.  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

2299 N UNIVERSITY DR.  
PEMBROKE PINES, FL 33024

**FEI Number:** 59-2295749

**Certificate of Status Desired:** No

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

COHEN, AVRIEL  
2299 N. UNIVERSITY DR.  
PEMBROKE PINES, FL 33024 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	PST	Title	V
Name	COHEN, AVRIEL, D.P.M.	Name	COHEN, ELYN
Address	2299 N. UNIVERSITY DR.	Address	2299 N. UNIVERSITY DR.
City-State-Zip:	PEMBROKE PINES FL	City-State-Zip:	PEMBROKE PINES 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:** AVRIEL COHEN

**PRESIDENT**

**02/21/2015**

Electronic Signature of Signing Officer/Director Detail

Date