

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G28824

FILED
Apr 27, 2013
Secretary of State
CC2329865249

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

04/27/2013

Electronic Signature of Signing Officer/Director Detail

Date