

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000026421

Entity Name: LERNER COHEN HEALTHCARE, P.A.

Current Principal Place of Business:

1921 WALDEMERE ST
814
SARASOTA, FL 34239

Current Mailing Address:

1921 WALDEMERE ST
814
SARASOTA, FL 34239

FEI Number: 74-3141022

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STROUD, ROBERT . SESQ.
802 11TH ST. N.
BRADENTON, FL 34205 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	D	Title	D
Name	COHEN, LOUIS MM.D.	Name	LERNER, BRAD SM.D.
Address	1921 WALDEMERE ST. SUITE 814	Address	1921 WALDEMERE ST. SUITE 814
City-State-Zip:	SARASOTA FL 34239	City-State-Zip:	SARASOTA FL 34239

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: BRAD LERNER _____

MD VICE PRESIDENT

02/07/2019

Electronic Signature of Signing Officer/Director Detail

Date