

**2021 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 S LERNER** \_\_\_\_\_

**VICE PRESIDENT**

**01/27/2021**

Electronic Signature of Signing Officer/Director Detail

Date