

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000105627

**Entity Name:** CARRIE A. COHEN, LCSW, P.A.**Current Principal Place of Business:**1304 S DE SOTO AVE  
100  
TAMPA, FL 33606**Current Mailing Address:**1304 S DE SOTO AVE  
100  
TAMPA, FL 33606 US**FEI Number:** 20-5473062**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COHEN, CARRIE APRES  
9702 HIDDEN COVE CT  
TAMPA, FL 33618 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	PRES
Name	COHEN, CARRIE A
Address	9702 HIDDEN COVE CT
City-State-Zip:	TAMPA FL 33618

Title	OFFICER
Name	COHEN, STEVEN L
Address	806 W. DELEON ST 203
City-State-Zip:	TAMPA FL 33606

Title	2ND OFFICER
Name	SHARI, MEZRAH
Address	806 W. DELEON ST 203
City-State-Zip:	TAMPA FL 33606

*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:** CARRIE COHEN

PRESIDENT

03/23/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date