

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000105627

**Entity Name:** CARRIE A. COHEN, LCSW, P.A.

**Current Principal Place of Business:**

806 W. DELEON ST  
203  
TAMPA, FL 33606

**Current Mailing Address:**

806 W. DELEON ST  
203  
TAMPA, FL 33606 US

**FEI Number:** 20-5473062

**Certificate of Status Desired:** No

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

COHEN, CARRIE APRES  
2805 S. CONCORDIA AV  
TAMPA, FL 33629 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        2805 S. CONCORDIA AV  
City-State-Zip: TAMPA FL 33629

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 A COHEN

**PRESIDENT**

**04/23/2013**

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

\_\_\_\_\_  
Date