

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000064546

Entity Name: COHEN CHIROPRACTIC CENTER, P.A.

Current Principal Place of Business:

COHEN CHIROPRACTIC CENTER
7730 PETERS RD
PLANTATION, FL 33324

Current Mailing Address:

7730 PETERS RD
PLANTATION, FL 33317 US

FEI Number: 65-0689072

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COHEN, ELIZABETH
7730 PETERS ROAD
PLANTATION, FL 33317 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	VP	Title	P
Name	COHEN, ELIZABETH	Name	COHEN, LANCE
Address	1643 EAGLE BEND	Address	1643 EAGLE BEND
City-State-Zip:	WESTON FL 33327	City-State-Zip:	WESTON FL 33327

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: LANCE COHEN

PRESIDENT

04/27/2013

Electronic Signature of Signing Officer/Director Detail

Date