

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000048945

**Entity Name:** LANCE COHEN SLEEP MEDICINE PL

**Current Principal Place of Business:**

20423 STATE ROAD 7, F6-480  
BOCA RATON, FL 33498

**Current Mailing Address:**

20423 STATE ROAD 7, F6-480  
BOCA RATON, FL 33498 US

**FEI Number:** 26-2656016

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
SUITE A-100  
TAMPA, FL 33612 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

**Authorized Person(s) Detail :**

Title MGRM  
Name COHEN, LANCE DR  
Address 20423 STATE ROAD 7, F6-480  
City-State-Zip: BOCA RATON FL 33498

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LANCE COHEN

MGRM

04/13/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date