

**2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L16000064951

**FILED**  
**May 30, 2017**  
**Secretary of State**  
**CC1889121218**

**Entity Name:** COHEN MEDICAL ASSOCIATES LLC

**Current Principal Place of Business:**

15300 JOG ROAD, SUITE 205  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

15300 JOG ROAD, SUITE 205  
DELRAY BEACH, FL 33446 US

**FEI Number:** 04-3782956

**Certificate of Status Desired:** No

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

COHEN, ROBERT  
15300 JOG ROAD, SUITE 205  
DELRAY BEACH, FL 33446 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            PRESIDENT, VC  
Name            COHEN, ROBERT  
Address        15300 JOG ROAD, SUITE 205  
City-State-Zip: DELRAY BEACH FL 33446

Title            CHAIRMAN  
Name            SALLWASSER, PAUL  
Address        3109 STIRLING ROAD  
                  SUITE 201  
City-State-Zip: FORT LAUDERDALE FL 33312

Title            TREASURER  
Name            GARCIA, DONNA  
Address        3109 STIRLING ROAD  
                  SUITE 201  
City-State-Zip: FORT LAUDERDALE FL 33312

*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:** ROBERT COHEN

**PRESIDENT/VC**

**05/30/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date