

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 26, 2019
Secretary of State
5262489594CC

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

VC

02/26/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date