

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000064951

**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:** Yes

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

*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**

**02/27/2017**

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

\_\_\_\_\_ Date