

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 475502

FILED  
Jan 08, 2010  
Secretary of State

Entity Name: ALBERT COHEN, M.D., P.A.

**Current Principal Place of Business:**

960 SEASAGE DRIVE  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

11450 INTERCHANGE CIRCLE NORTH  
MIRAMAR, FL 33025

**New Mailing Address:**

FEI Number: 59-1607348

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COHEN, ALBERT  
960 SEASAGE DRIVE  
DELRAY BEACH, FL 33483 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: COHEN, ALBERT  
Address: 960 SEASAGE DRIVE  
City-St-Zip: DELRAY BEACH, FL 33483

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: ALBERT COHEN

PD

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date