2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Mar 11, 2004 08:00 AM **DOCUMENT # 476135 Secretary of State** 1. Entity Name MARTIN S. COHEN, M.D., P.A. Principal Place of Business Mailing Address 7800 S.W. 87TH AVE. #130 7800 S.W. 87TH AVE. #130 MIAMI FL 33173 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt, #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-1605877 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COHEN, MARTIN S. (MD) Street Address (P.O. Box Number is Not Acceptable) 7800 S.W. 87TH AVE., #130 MIAMI FL 33173 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature regured when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ππε ☐ Delete TITLE Change Addition NAME COHEN, MARTIN S, MD NAME U000000084750 7800 S.W. 87TH AVE. STREET ADDRESS STREET ADDRESS 03/11/04-80018-022 150.00 CITY-ST-ZIP MIAMI, FL 00000 CRY-ST-ZIP TIRLE ☐ Delete BITLE Change Addition NAME STANLEY, JAY HAROLD, MD NAME 1776 N. PINE ISLAND RD. STREET ADORESS STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33324 CITY-ST-ZIP TITLE Delete Change noilibbA 🔲 NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TIME ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-7IP TITLE ☐ Delete SITLE ☐ Chapne Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIBLE ☐ Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Plorida Statutes. I further certify that the information indicated on this report or supplemental report is flue and accurate and that my 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 employered to execute this report as required by Chapter 607, Plorida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with alternative ampowered.

Mys.

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