

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # 476135	
1. Entity Name MARTIN S. COHEN, M.D., P.A.	



Principal Place of Business 7800 S.W. 87TH AVE. #130 MIAMI FL 33173	Mailing Address 7800 S.W. 87TH AVE. #130 MIAMI FL 33173
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E034 (11/03)

4. FEI Number 59-1605877	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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COHEN, MARTIN S. (MD) 7800 S.W. 87TH AVE., #130 MIAMI FL 33173		Name	
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Street Address (P.O. Box Number is Not Acceptable)		Street Address	
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City		City	
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FL		Zip Code	
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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.			
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SIGNATURE _____			
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Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
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DATE _____			
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
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10. OFFICERS AND DIRECTORS			
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TITLE	PD	<input type="checkbox"/> Delete
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NAME	COHEN, MARTIN S, MD	
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STREET ADDRESS	7800 S.W. 87TH AVE.	
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CITY-ST-ZIP	MIAMI, FL 00000	
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TITLE	D	<input type="checkbox"/> Delete
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NAME	STANLEY, JAY HAROLD, MD	
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STREET ADDRESS	1776 N. PINE ISLAND RD.	
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CITY-ST-ZIP	PLANTATION, FL 33324	
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TITLE		<input type="checkbox"/> Delete
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NAME		
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STREET ADDRESS		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY-ST-ZIP		
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
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STREET ADDRESS		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
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STREET ADDRESS		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
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STREET ADDRESS		
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CITY-ST-ZIP		
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SIGNATURE:

Martin S. Cohen MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/04 305
2700122