2005 FOR PROFIT CORPORATION

FILED Mar 07. 2005 08:00 AM

ANNOAL REPORT					141a1 07, 2005 00:00 F			
DOCU	IMENT # 476135	A THE STATE OF		Secr	etary	of State		
1. Entity Name MARTIN S. COHEN, M.D., P.A.								
			Con NY CONT					
Principal Pla	ce of Business	Mailing Address	<u></u>	İ				
7800 S.W. 87TH AVE. #130 7800 S.W. 87TH AVE. #130 MIAMI, FL 33173 MIAMI, FL 33173								
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		IN THIS SEA		4. FEI Numb 59-160			Applied For Not Applicable	
					of Status Desired		75 Additional	
, 14 .	6. Name and Address of Current Ro			61.6,12	Fee	Required		
COMENT							, , , , , , , , , , , , , , , , , , ,	
COHEN, MARTIN S. (MD) 7800 S.W. 87TH AVE., #130			riki hala	DO	NOT W	RITE	ru Proposition	
MIAMI, FL	. 33173			IN T	THIS SP	ACE		
							gianni.	
	e named entity submits this statement for t	ne purpose of changing its register	d office or register	ed agent, or bo	th, in the State of Flor	ida. I am famil	iar with, and accept	
the obliga	tions of registered agent.							
SIGNATURE.	Signature, typed or printed name of registered agent and	trie d'applicable. (NOTE: Registere	d Agent signature required	when reinstailing)	·	DATE		
	P NOW!!! PPF 10 4450 00	9. Election Campaign Finan	icina \$ 5	00 May Be	<u> </u>			
	.E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00		·	ed to Fees				
10.	OFFICERS AND DI	RECTORS						
TITLE NAME	COHEN, MARTIN S, MD				gidagira tabah di Kalamatan			
STREET ADDRESS CITY-ST-ZIP	7800 S.W. 87TH AVE.	-			unonon	C2700		
TITLE	MIAMI, FL 00000,		immami.ki-i-i-		03/07/05-0	10008-02	2 150.00	
NAME	STANLEY, JAY HAROLD, MD		d i fili lita I i a risolit		ining byus berg Si Pau Lai Bas	r ir.		
STREET ADDRESS CITY-ST-ZIP	1776 N. PINE ISLAND RD. PLANTATION, FL 33324,							
TITLE	,				wiedinie bilek terlek			
NAME STREET ADDRESS				Highli.		14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
CITY-ST-ZIP				DO	NOT W	RITE		
TITLE NAME				IN .	THIS SP	ACE	' , · `·	
STREET ADDRESS		-						
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title Name						.121 11		
STREET ADDRESS				el Hing				
CITY-ST-ZIP			en proposition of the second o		og til skille frigsk og til kom. Mennengen bedregge fra kritis	بيز المأبليسيين		
HILE NAMÉ					tibibit	· · ·		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 empowered to execute this report as required by Chapter 807. Florida Statutes: and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(305)

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305) Bayume Pricine 8