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FILED
Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 480508

(1)

1. Corporation Name

MATTHEW E. COHL, D.D.S., P.A.

Principal Place of Business

9633 W BROWARD BLVD
STE 9
PLANTATION FL 33324
US

Mailing Address

16100 N E 16TH AVE. SUITE B
C/O HIXSON, MARIN, POWELL & DE SANCTIS
NORTH MIAMI BCH FL 33162-4782



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

COHL, MATTHEW E
9633 W BROWARD BLVD #9
PLANTATION 33324

3. Date Incorporated or Qualified

07/14/1975

3a. Date of Last Report

03/04/1996

4. FEI Number

59-1859785

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent required when remaining)

(NOTE: Registered Agent signature required when remaining)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
COHL, MATTHEW E.
STREET ADDRESS
9633 W BROWARD BLVD
CITY, ST, ZIP
PLANTATION FL

TITLE ☐ DELETE

NAME
COHL, MATTHEW E
STREET ADDRESS
9633 W BROWARD BLVD
CITY, ST, ZIP
PLANTATION FL

TITLE ☐ DELETE

NAME
VS
GOODMAN, SHELLY
STREET ADDRESS
9633 W BROWARD BLVD
CITY, ST, ZIP
PLANTATION FL

TITLE ☐ DELETE

NAME
VS
GOODMAN, SHELLY
STREET ADDRESS
9633 W BROWARD BLVD
CITY, ST, ZIP
PLANTATION FL

TITLE ☐ DELETE

NAME
VS
GOODMAN, SHELLY
STREET ADDRESS
9633 W BROWARD BLVD
CITY, ST, ZIP
PLANTATION FL

TITLE ☐ DELETE

NAME
VS
GOODMAN, SHELLY
STREET ADDRESS
9633 W BROWARD BLVD
CITY, ST, ZIP
PLANTATION FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 included on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3-15-97

Date

X 954-474-4436

Daytime Phone #

CR2E034 (9/96)