

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90015 013 \*\*\*150.00



PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **480955**  
 Corporation Name

**MELVIN H. COHEN D.D.S., P.A.**



Principal Place of Business  
 154 CENTRAL AVE.  
 ST PETERSBURG FL 33707

Mailing Address  
 5454 CENTRAL AVE.  
 ST PETERSBURG FL 33707

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
26		27		07/15/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
27		28		59-1619704	
City & State		City & State		Applied For	
28		29		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
25		26		<input type="checkbox"/> \$8.75 Additional Fee Required <input checked="" type="checkbox"/>	
Country		Country		6. Election Campaign Financing	
29		30		Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees <input checked="" type="checkbox"/>	
				8. This corporation owes the current year Intangible Personal Property.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COHEN, MELVIN 5454 CENTRAL AVENUE ST. PETERSBURG FL 33707				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
E	SD COHEN, JAN 14217 CAROL MANOR DR LARGO FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E	DELETED	1.2 NAME	
E	DELETED	1.3 STREET ADDRESS	
E	DELETED	1.4 CITY-ST-ZIP	
E	PD COHEN, MELVIN H 14217 CAROL MANOR DR LARGO FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E	DELETED	2.2 NAME	
E	DELETED	2.3 STREET ADDRESS	
E	DELETED	2.4 CITY-ST-ZIP	
E	DELETED	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E	DELETED	3.2 NAME	
E	DELETED	3.3 STREET ADDRESS	
E	DELETED	3.4 CITY-ST-ZIP	
E	DELETED	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E	DELETED	4.2 NAME	
E	DELETED	4.3 STREET ADDRESS	
E	DELETED	4.4 CITY-ST-ZIP	
E	DELETED	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E	DELETED	5.2 NAME	
E	DELETED	5.3 STREET ADDRESS	
E	DELETED	5.4 CITY-ST-ZIP	
E	DELETED	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E	DELETED	6.2 NAME	
E	DELETED	6.3 STREET ADDRESS	
E	DELETED	6.4 CITY-ST-ZIP	

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 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: *Mc [Signature]* **REQUIRED** Date: 6/30/99 727-327 0000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (5/99)

6/30/99

480955  
583377-90015-13

Dear Sir -

I have been incorporated since 1975 and have always received my annual report on time.

This year I never received the original request. I did recently receive the 2nd notice a/penalty.

I am enclosing the original fee of \$150 with the request that be accepted as payment in full since I did not receive my original documents.

Thank you

De Mtt Cohen