

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 580827

1. Entity Name
COHEN, MYRON B., D.D.S., P.A.



Principal Place of Business
**1518 WEST 49TH STREET
HIALEAH, FL 33012**

Mailing Address
**1518 WEST 49TH STREET
HIALEAH, FL 33012**



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1841784

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COHEN, MYRON B.
1518 WEST 49TH STREET
HIALEAH, FL 33012**

**DO NOT WRITE
IN THIS SPACE**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **COHEN, MYRON B.**
STREET ADDRESS **1518 WEST 49TH STREET**
CITY-ST-ZIP **HIALEAH, FL 33012**

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U00000177002
01/11/05-80019-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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 607, 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: Myron B. Cohen D.D.S. - MYRON B. COHEN D.D.S. 1/7/05 (305) 823-2661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #