

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 584908

FILED  
Apr 06, 2011  
Secretary of State

**Entity Name:** BERNARD H. COHEN, M.D.,P.A.

**Current Principal Place of Business:**

1 GROVE ISLE DRIVE  
APT 1205  
MIAMI, FL 33133 US

**New Principal Place of Business:**

**Current Mailing Address:**

1 GROVE ISLE DRIVE  
APT 1205  
MIAMI, FL 33133 US

**New Mailing Address:**

**FEI Number:** 59-1849763

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

COHEN, BERNARD H M.D.  
1 GROVE ISLE DRIVE  
APT 1205  
MIAMI, FL 33133 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: COHEN, BERNARD H MD  
Address: 1 GROVE ISLE DRIVE, APT 1205  
City-St-Zip: MIAMI, FL 33133 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BERNARD H COHEN MD

P

04/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date