


FILED

Apr 07 1997 8:00am
Secretary of State

<div>PROFIT CORPORATION ANNUAL REPORT 1997</div> <div></div> <div>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</div>		<div>Apr 07 1997 8:00am</div> <div>Secretary of State</div>	
<div>DOCUMENT # 597083</div> <div>1. Corporation Name Paul Cohen, D.O., P.A.</div>			
<div>Principal Place of Business 5026 Gulfport Blvd So Gulfport, FL 33709</div>		<div>Mailing Address</div>	
<div>2. Principal Place of Business 21 State Apt. #, etc. 22 City & State 23 Zip Country 24 25</div>		<div>2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30</div>	
<div>3. Date Incorporated or Qualified</div>		<div>3a. Date of Last Report</div>	
<div>4. FEI Number 59-1891426</div>		<div>Applied For Not Applicable</div>	
<div>5. Certificate of Status Desired <input type="checkbox"/></div>		<div>\$8.75 Additional Fee Required</div>	
<div>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/></div>		<div>\$5.00 May Be Added to Fees</div>	
<div>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div>			
<div>9. Name and Address of Current Registered Agent Paul Cohen 5026 Gulfport Blvd So Gulfport, FL 33709</div>		<div>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</div>	
<div>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.</div>			
<div>SIGNATURE Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE</div>			
<div>12. OFFICERS AND DIRECTORS 11.1 TITLE <input type="checkbox"/> DELETE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-ST-ZIP 11.5 TITLE <input type="checkbox"/> DELETE 11.6 NAME 11.7 STREET ADDRESS 11.8 CITY-ST-ZIP 11.9 TITLE <input type="checkbox"/> DELETE 11.10 NAME 11.11 STREET ADDRESS 11.12 CITY-ST-ZIP 11.13 TITLE <input type="checkbox"/> DELETE 11.14 NAME 11.15 STREET ADDRESS 11.16 CITY-ST-ZIP</div>		<div>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP 12.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12.6 NAME 12.7 STREET ADDRESS 12.8 CITY-ST-ZIP 12.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY-ST-ZIP 12.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12.14 NAME 12.15 STREET ADDRESS 12.16 CITY-ST-ZIP 12.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12.18 NAME 12.19 STREET ADDRESS 12.20 CITY-ST-ZIP</div>	
<div>14. I, _____, 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.</div>		<div>800002136958 -04/08/97--01122--004 ***165.00 cc 4/1</div>	
<div>SIGNATURE: X Paul Cohen PAUL COHEN</div>		<div>3/20/97 (813) 321-4000</div>	

CR2E034 (9/96)