

NOTE: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1994**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

94 AUG 17 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Corporation Name
JAY M. COHEN, D.O. AND ASSOCIATES, P.A.

**DOCUMENT #
601890 (7)**

Mailing Address
**6325 MAYNADA
CORAL GABLES FL 33146**

Principal Place of Business
**6325 MAYNADA
CORAL GABLES FL 33146**

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below

3. Date Incorporated or Qualified 01/15/1970	3a. Date of Last Report 05/01/1993
4. FEI Number 59-2259055	Applied For ☐ Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required ☐	6. Election Campaign Financing Trust Fund Contribution ☐
7. Nonprofit Exempt from \$138.75 Supplemental Fee ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Mailing Address 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Principal Place of Business 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent

**ROTHCHILD, STUART
6401 S.W. 87 AVENUE
MIAMI FL 33173**

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE	P
1.2 NAME	COHEN, JAY M
1.3 STREET ADDRESS	6325 MAYNADA
1.4 CITY, ST, ZIP	CORAL GABLES FL
2.1 TITLE	S
2.2 NAME	SCHWARTZ, DIANE
2.3 STREET ADDRESS	6325 MAYNADA
2.4 CITY, ST, ZIP	CORAL GABLES FL
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	
2.2 NAME	Cohen, Diane
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(4)(b), Florida Statutes. I declare the Division of Corporations from any liability of civil consequences with Section 119.07(4)(b) in the event that the information supplied is determined incorrect from public access. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that the signatures shall have the same legal effect as if made under oath. I have fulfilled all obligations concerning unclaimed property imposed by Chapter 217, Florida Statutes, that I am an officer or director of this corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 1, or Block 1.1 if checked, or on an after formed with an addendum.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jay M. Cohen
JAY M. COHEN

8-10-94
305-440-2456