SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 601890

(7)

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

FILED
Jul 22 1998 8:00am
Secretary of State



| ce of Business | Mailing Address | Mailing Address | | t southe drift dater mane state felts ones plain bidit bildit bibit bibit bibit | |
|--|---|---|--|--|--|
| 50 NW 51 PL 6325 MAYNADA MIAMI FL 33126 CORAL GABLES F | | | | | |
| | | FL 33146 | | DO NOT MIDITE IN THE OPING | |
| | | | | | o orace |
| | | | | - I | |
| Place of Business | 2a. Mailing Address | | • | 4. FEI Number | Applied For |
| | 26 | | | 59-2258055 | Not Applicable |
| l. #, etc, | Suite, Apt. #, etc. | | | | \$8.75 Additional |
| | 27 | | | 5. Certificate of Status Desired | Fee Required |
| ste . | City & State | | | 6. Election Campaign Financing | \$5.00 May Be |
| | | | | Trust Fund Contribution | Added to Fees |
| —————————————————————————————————————— | <u>├</u> ─┐ | | intry | · · · · · · · · · · · · · · · · · · · | |
| | | [30] | | | Yes No |
| | | | | TO. Name and Address of New Registered | Agent |
| | | | | | |
| | | | 82 Street Addre | ess (P.O. Box Number is Not Acceptable) | |
| am i e Actio | | | 83 | | |
| • | | | PA City | | Tank St. O. J. |
| | | | | | |
| nt to the provisions of sections 607.0 | 0502 and 607.1508, Florida Statu | tes, the ab | ove-named corpor | ration submits this statement for the purpose of c | hanging Its registered |
| am familiar with, and accept the of | bligations of, section 607.0505, F | Florida Stat | utes. | от в возно от опроцога. Тнегроу восерт гла вррс | mmillaric as ragistered |
| Signature, typed or printed name of registered | spent and title It applicable | NOTE: Ranlete | red Agent signature coo- | ilred when reinstation) | |
| | | 13. | rigani agracia (equ | | ND DIRECTORS IN 12 |
| P | DELETE | 1.1 TI | TLE | | Change Addition |
| COḤEN, JAY M | | 1.2 NA | ME | | |
| 1 3 | | 1.3 ST | REET ADDRESS | | |
| | | 1.4 CI | TY-ST-ZIP | | |
| _ | DELETE | 2.1 TI | TLE | | Change Addition |
| | | 2.2 NA | ME | | |
| | | 2.3 \$T | REET ADDRESS | | |
| CUHAL GABLES FL | | | | | ************************************** |
| | L DELETE | 1 | | | Change Addition |
| | | 3.2 NA | | | |
| · 1 | | | - 1 | | |
| | | 3.3 ST | REET ADDRESS | | |
| | □ | 3.3 STI 3.4 CI | REET ADDRESS TY-ST-ZIP | | |
| | DELETE | 3.3 STI 3.4 CI ¹ 4.1 TIT | REET ADDRESS TY-ST-ZIP TLE | | Change Addition |
| | DELETE | 3.3 STI 3.4 CI ¹ 4.1 TIT 4.2 NA | REET ADDRESS TY-ST-ZIP TLE | · | Change Addition |
| | ☐ DELETE | 3.3 STI 3.4 CI [*] 4.1 TIT 4.2 NA 4.3 STI | REET ADDRESS TY-ST-ZIP TLE IME REET ADDRESS | | Change Addition |
| | | 3.3 STI 3.4 CII 4.1 TIT 4.2 NA 4.3 STI 4.4 CII | REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP | | |
| | ☐ DELETE | 3.3 STI 3.4 CI 4.1 TIT 4.2 NA 4.3 STI 4.4 CII | REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE | | Change Addition |
| | | 3.3 STI 3.4 CF 4.1 TH 4.2 NA 4.3 STI 4.4 CF 5.1 TH 5.2 NA | REET ADDRESS TY-ST-ZIP TLE IME REET ADDRESS TY-ST-ZIP TLE ME | | |
| | | 3.3 STI 3.4 CI 4.1 TI? 4.2 NA 4.3 STI 4.4 CII 5.1 TII 5.2 NA 5.3 STI | REET ADDRESS TY-ST-ZIP TLE IME REET ADDRESS TY-ST-ZIP TLE IME REET ADDRESS | | |
| | DELETE | 3.3 STI 3.4 CI 4.1 TIT 4.2 NA 4.3 STI 4.4 CII 5.1 TII 5.2 NA 5.3 STI 5.4 CII | REET ADDRESS TY-ST-ZIP TLE IME REET ADDRESS TY-ST-ZIP TLE IME REET ADDRESS TY-ST-ZIP REET ADDRESS TY-ST-ZIP | | Change Addition |
| | | 3.3 STI 3.4 CI ² 4.1 TIT 4.2 NA 4.3 STI 4.4 CII 5.1 TII 5.2 NA 5.3 STI 5.4 CII | REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP | | |
| | DELETE | 3.3 STI 3.4 CI ⁻ 4.1 TIT 4.2 NA 4.3 STI 4.4 CII 5.1 TIT 5.2 NA 5.3 STI 6.1 TIT 6.2 NA | REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP | | Change Addition |
| | Place of Business I. #, etc. Stee Country 25 9. Name and Address of Cu THCHILD, STUART Of S.W, 87 AVENUE WHI FL 33173 Int to the provisions of sections 607.4 Tregistered agent, or both, in the S am familiar with, and accept the o Signature, typed or printed name of registered OFFICERS P COHEN, JAY M 6325 MAYNADA COHAL GABLES FL S COHEN, DIANE | Place of Business 2a. Mailing Address 26 L. #, etc, Suite, Apt. #, etc. 27 Stee Country Zip 25 9. Name and Address of Current Registered Agent THCHILD, STUART DI S.W, 87 AVENUE WII FL 33173 Int to the provisions of sections 607.0502 and 607.1508, Florida Statur registered agent, or both, in the State of Florida. Such change was am familiar with, and accept the obligations of, section 607.0505, Florida Statur registered agent, or both, in the State of Florida. Such change was am familiar with, and accept the obligations of, section 607.0505, Florida Statur registered agent, or both, in the State of Florida. Such change was am familiar with, and accept the obligations of, section 607.0505, Florida Statur registered agent and title it applicable. OFFICERS AND DIRECTORS DELETE COHEN, JAY M 632\$ MAYNADA CORAL GABLES FL DELETE COHEN, DIANE 632\$ MAYNADA CORAL GABLES FL | 28 CORAL GABLES FL 33148 Place of Business 2a. Malling Address 2b. 2a. Malling Address 2c. 2b. 2c. 2c. 2c. 2c. 2c. 2c. | 26 CORAL GABLES FL 33148 Place of Business 26 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Country 25 29 30 9. Name and Address of Current Registered Agent THCHILD, STUART 11 S.W, 87 AVENUE WII FL 33173 83 84 City Into the provisions of sections 607.0502 and 607.1508. Florida Statutes, the above-named corpor registered agent, or both, in the State of Florida. Such change was authorized by the corporation am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title It applicable. OFFICERS AND DIRECTORS P DELETE 1.1 TITLE 1.2 NAME 8325 MAYNADA CORAL GABLES FL DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 1.4 CITY-ST-ZIP S COHEN, DIANE 6325 MAYNADA CORAL GABLES FL 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | 28 Say MAYNADA CORAL GABLES FL 33148 DO NOT WRITE IN THI 3. Date Incorporated or Qualified 01/15/1970 Place of Business 28. Malling Address 26. Sulle, Apt. #, etc. 26. Sulle, Apt. #, etc. 27. Sulle, Apt. #, etc. 27. Country 28. This corporation owes or has paid the cuperson of the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above named corporation submits this statement for the purpose of carrengistered agent, or both, in the State of Florida. Such change was authorized by the corporations board of directors. I hereby accept the appoint am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. Signature, Lyad or printed name of registered agent and till it applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS A CORAL GABLES FL SIGNAL GABLES FL DELETE 21 TITLE 21 TI |

14. 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.

CICNATUDE

713.98 30-44,52417.