


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90030 039 ***150.00

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|---|---|---|--|--|--|
| DOCUMENT # 634491 1. Entity Name ABBOTT S. COHEN, D.C., P.A. | | | |  | |
| Principal Place of Business 7565 WEST OAKLAND PARK BOULEVARD LAUDERHILL, FL 33319 | | | Mailing Address 7565 WEST OAKLAND PARK BOULEVARD LAUDERHILL, FL 33319 | | |
| 2. Principal Place of Business 1725 NW 126TH DRIVE Suite, Apt. #, etc. | | 3. Mailing Address 1725 NW 126TH DRIVE Suite, Apt. #, etc. | | | |
| City & State CORAL SPRINGS, FL | | City & State CORAL SPRINGS, FL | | 4. FEI Number 59-1931341 | |
| Zip 33071 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent COHEN, ABBOTT S. 1725 NW 126TH DRIVE CORAL SPRINGS, FL 33071 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ DATE 2/16/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD <input type="checkbox"/> Delete COHEN, ABBOTT S. 7565 W. OAKLAND PK BLVD. LAUDERHILL, FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1725 NW 126TH DRIVE CORAL SPRINGS, FL 33071 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 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: <i>Abbott S Cohen, D.C.P.A.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 2/16/04 954-752-6850 <small>Date Daytime Phone #</small> | | |