

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 693567

FILED
Jan 21, 2004
Secretary of State

Entity Name: ALAN N. KOHN, M.D., P.A.

Current Principal Place of Business:

2505 METROCENTRE BLVD
1300
WEST PALM BEACH, FL 33407

Current Mailing Address:

2505 METROCENTRE BLVD
1300
WEST PALM BEACH, FL 33407

New Principal Place of Business:

2505 METROCENTRE BLVD
300
WEST PALM BEACH, FL 33407 US

New Mailing Address:

2505 METROCENTRE BLVD
300
WEST PALM BEACH, FL 33407 US

FEI Number: 59-2109920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOHN, ALAN N MD
2121 BROWARD AVENUE
W PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

KOHN, ALAN N MD PA
2505 METROCENTRE BLVD
300
W PALM BEACH, FL 334073114 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: ALAN N KOHN MD

01/21/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: KOHN, ALAN N MD
Address: 2505 METROCENTRE BLVD
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: KOHN, ALAN N, MD,
Address: 2505 METROCENTRE BLVD
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/T (X) Change () Addition
Name: KOHN, ALAN N MD
Address: 2505 METROCENTRE BLVD, #300
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: D (X) Change () Addition
Name: KOHN, ALAN N MD
Address: 2505 METROCENTRE BLVD, #300
City-St-Zip: WEST PALM BEACH, FL 33407 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ALAN N KOHN MD

P/T/

01/21/2004

Electronic Signature of Signing Officer or Director

Date