2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2011
Secretary of State

DOCUMENT# 693567

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

Current Principal Place of Business:

2505 METROCENTRE BLVD
300
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

2505 METROCENTRE BLVD
300
WEST PALM BEACH, FL 33407 US

New Mailing Address:

FEI Number: 59-2109920 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

Title: D
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 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 all other like empowered.

SIGNATURE: ALAN N KOHN MD D 01/10/2011

Electronic Signature of Signing Officer or Director Date