

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90099 044 ***150.00

DOCUMENT # 693567

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



Principal Place of Business

**2121 BROWARD AVENUE
W. PALM BEACH FL 33407**

Mailing Address

**2121 BROWARD AVENUE
W. PALM BEACH FL 33407**

00067047



2. Principal Place of Business

2505 MetroCentre Blvd
Suite, Apt. #, etc.

3300

City & State

West Palm Beach, FL

Zip
33407

Country
USA

3. Mailing Address

2505 MetroCentre Blvd
Suite, Apt. #, etc.

3300

City & State

West Palm Beach, FL

Zip
33407

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-2109920

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

ALAN N KOHN MD President/Owner

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PT** ☐ Delete
NAME **KOHN, ALAN N MD**
STREET ADDRESS **2121 BROWARD AVE**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **D** ☐ Delete
NAME **KOHN, ALAN N, MD**
STREET ADDRESS **2121 BROWARD AVENUE**
CITY-ST-ZIP **W PALM BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Change ☐ Addition
NAME **KOHN, ALAN N MD**
STREET ADDRESS **2505 METROCENTRE BLVD.**
CITY-ST-ZIP **WEST PALM BEACH, FL 33407**

TITLE **D** ☐ Change ☐ Addition
NAME **KOHN, ALAN N MD**
STREET ADDRESS **2505 METROCENTRE BLVD.**
CITY-ST-ZIP **WEST PALM BEACH, FL 33407**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED: ALAN N KOHN MD President/Owner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)