2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVE AND FILED

06 SEP -7 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 695029

1. Entity Name
DR. ERIC A. COHEN, P.A.

Principal Place of Business	Mailing Address
7775 SW 87TH AVE SUITE 100 MIAMI, FL 33173 US	2121 PONCE DE LEON SUITE #240 CORAL GABLES, FL 33134 US

09012006 REIN-P CR2E098 (11/05)

2. Principal Place of Business	3. Mailing Address
9420 SW 77 AVE	9420 SW 77 AVE
Suite, Apt. #, etc.: 100	Suite, Apt. #, etc.: 100
City & State: MIAMI Fl	City & State: MIAMI Fl
Zip: 33156 Country: USA	Zip: 33156 Country: USA

4. FEI Number: 59-2024172 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PRATS, GABRIEL
2121 PONCE DE LEON BLVD
STE 240
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name: ERIC A. COHEN
Street Address (P.O. Box Number is Not Acceptable): 9420 SW 77 AVE
SUITE 100
City: MIAMI FL Zip Code: 33156

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: Dr Eric A Cohen (signature) DATE: 9-2-2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPTS ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	COHEN, ERIC A	NAME	
STREET ADDRESS	7775 SW 87TH AVE #100	STREET ADDRESS	9420 SW 77 AVE SUITE 100
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	MIAMI Fl 33156
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	300079730993
STREET ADDRESS		STREET ADDRESS	09/12/06--01062--011 **300.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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) Eric A. Cohen 9-2-06 3057854444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9/7/06