

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FORM 1001
APRIL 1, 1994

1995



DEPARTMENT OF STATE

SECRETARY OF STATE

1995

APPROVED
AND
FILED

05 MAY 10 14:10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F17866

(7)

SIMON M. COHEN, M.D. P.A.

401 N.W. 42ND AVENUE
PLANTATION FL 33317

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PLANTATION FL 33317

2. Filing Date		2a. Filing Agency		3. Date of Incorporation		3a. Date of Last Report	
21		26		02/09/1981		05/01/1994	
22		27		4. Filing Number		Applied For	
23		28		59-2055932		Not Applicable	
24		29		5. Certificate of Status (Required)		8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
26		31		7. This corporation has elected to participate in the Florida Election Campaign Financing Trust Fund		Yes ☒ No ☐	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COHEN, SIMON M. 401 N.W. 42 STREET PLANTATION FL 33317				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				FL 85. Zip Code			
11. I, the undersigned, declare that the information furnished in this report is true and correct to the best of my knowledge and belief. I am a duly qualified officer or director of the corporation and am authorized to sign this report on behalf of the corporation. I am a resident of the State of Florida.							
X <i>Simon M. Cohen</i> SIMON M. COHEN, MD 5/4/95							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
P COHEN, SIMON M, MD 10670 S W 25 ST DAVIE FL				1. Name			
				2. Street Address			
				3. City			
				4. State			
				5. Zip Code			
				6. Name			
				7. Street Address			
				8. City			
				9. State			
				10. Zip Code			
				11. Name			
				12. Street Address			
				13. City			
				14. State			
				15. Zip Code			
				16. Name			
				17. Street Address			
				18. City			
				19. State			
				20. Zip Code			

14. I, the undersigned, declare that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption state law has from the Florida Statutes. I further declare that the information is true and correct to the best of my knowledge and belief. I am a duly qualified officer or director of the corporation and am authorized to sign this report on behalf of the corporation. I am a resident of the State of Florida.

SIGNATURE: X *Simon M. Cohen* MD SIMON M. COHEN, MD 5/4/95 305-472-5445