

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F17866

(7)

1. Corporation Name

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

Principal Place of Business

Mailing Address

401 N.W. 42ND AVENUE  
PLANTATION FL 33317

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

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29. Name and Address of Current Registered Agent

COHEN, SIMON M.  
401 NW 42 AVENUE  
PLANTATION FL 33317

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	<input type="checkbox"/> DELETE 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, SIMON M, MD	1.2 NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10670 S W 25 ST	1.3 STREET ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	DAVIE FL	1.4 CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2.3 STREET ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		2.4 CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.3 STREET ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		3.4 CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.3 STREET ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		4.4 CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.3 STREET ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		5.4 CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.3 STREET ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		6.4 CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Simon M. Cohen, MD*

4/13/98 954-587-5010

CR2E034 (1097)