2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F17866 **DOCUMENT #**



FILED Mar 17, 2003 8:00 am Secretary of State

SIMON M. COHEN, M.D. P.A.										03-17-	2003 9	0110 04	6 ***150	0.00	
Principal Plac 401 N.W. 42N PLANTATION		401 N	Mailing Address 401 N.W. 42ND AVENUE PLANTATION FL 33317					# 1 40 (14 0 14 0]	t Bibl Bhbit Bi	(1)	ÁFAIR BIBIN FRAI		
2. Principal P	Place of Busine	3. Mail	3. Mailing Address												
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.						CHECK	HERE IF	MAKING	CHANGES	3		
City & State			City	& State					4. FEI Number 59-20559			5932 Applied For Not Applicable			
Zip	ip Country				Cour	Country			5. Certificate of Status Desire			sired \$8.75 Additional Fee Required			
	6. Name a	rent Registere	d Agent				7. N	ame and Ad	dress of	New Re	gistered.	lgent			
COHEN, S	SIMON M.	±7	P= 9. 4			Name			,	N-4 A-		*****		-	``.
401 NW 42 AVENUE						Street Add	aress (P.	.О. Вс	ox Number is	NOT ACC	eptable)		•		4
PLANIAII	ION FL 33317				City						FL	Žip Co	de	\dashv	
	e named entity : tions of register	submits this stateme ed agent ‡	ent for the purpo	ose of changing its	register	ed office or r	egistere	d age	ent, or both, in	n the Star	te of Flori		amiliar with	, and accept	
SIGNATURE .	Signature, typed or	printed name of registered	agent and title if appli	icable. (NOTE	: Registere	d Agent signature	required w	vhen rei	nstating)	<u> </u>	· · · · · · · · · · · · · · · · · ·	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. Electio Trust F		aign Fina tribution.	ncing		00 May Be d to Fees	
· 10.		AND DIRECTOR	RS	11.	-		ADI	DITIONS/CH	ANGES	O OFFIC	ERS AND	DIRECTOR	RS IN 11	┥	
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12. I hereby c	certify that the i	nformation supplied	with this filing	does not qualify for	the exe	mption state	d in Sec	tion 1	19.07(3)(i), F	lorida St	atutes. I fi	urther cert	ify that the	information	1

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:

ESIMON M. COHEN, MD

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954-587-5010

Daytime Phone #