

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

FILED
Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F22497 (4)
1. Corporation Name
HANS E.R. COHN, M.D., AND SILVIA COHN, M.D., P.A.



Principal Place of Business 2209 N. UNIVERSITY DR. PEMBROKE PINES FL 33024	Mailing Address 2209 N. UNIVERSITY DR. PEMBROKE PINES FL 33024-3611
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/09/1981		3a. Date of Last Report 02/09/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2073327		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent COHN, HANS E.R. 2209 N. UNIVERSITY DR. PEMBROKE PINES FL				10. Name and Address of New Registered Agent			
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 filed appropriately) (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	COHN, HANS E.R.		1.2 NAME		
CITY - ST - ZIP	2209 N. UNIVERSITY DR.		1.3 STREET ADDRESS		
	PEMBROKE PINES FL		1.4 CITY - ST - ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	COHN, SILVIA		2.2 NAME		
CITY - ST - ZIP	2209 N. UNIVERSITY DR.		2.3 STREET ADDRESS		
	PEMBROKE PINES FL		2.4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			3.2 NAME		
CITY - ST - ZIP			3.3 STREET ADDRESS		
			3.4 CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			4.2 NAME		
CITY - ST - ZIP			4.3 STREET ADDRESS		
			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			5.2 NAME		
CITY - ST - ZIP			5.3 STREET ADDRESS		
			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			6.2 NAME		
CITY - ST - ZIP			6.3 STREET ADDRESS		
			6.4 CITY - ST - ZIP		

14. I do 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 _____

CR2E034 (9/96)