

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2003 8:00 am**  
**Secretary of State**

07-18-2003 90082 021 \*\*\*550.00

**DOCUMENT # F32796**

1. Entity Name  
**GARY J. COWEN, M.D., P.A.**



Principal Place of Business

**100 NW 170 ST.  
STE. 204  
MIAMI FL 33169  
US**

Mailing Address

**100 NW 170 ST.  
STE. 204  
MIAMI FL 33169  
US**

2. Principal Place of Business

**3700 Washington Street  
Suite, Apt. #, etc.  
208**

3. Mailing Address

**3700 Washington St.  
Suite, Apt. #, etc.  
Suite 208**

City & State

**Hollywood, FL**

City & State

**Hollywood, FL**

Zip

**33021**

Country

**USA**

Zip

**33021**

Country

**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**59-2088345**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**COWEN, GARY J MD  
100 NW 170TH ST, STE 204  
MIAMI FL 33169**

7. Name and Address of New Registered Agent

**Cowen, Gary J. M.D.  
Street Address (P.O. Box Number is Not Acceptable)  
3700 Washington Street  
Suite 208  
City Hollywood, FL Zip Code 33021**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PSDT** ☐ Delete  
NAME **COWEN, GARY J MD**  
STREET ADDRESS **100 NW 170TH ST, STE 204**  
CITY-ST-ZIP **MIAMI FL 33169**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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 REQUIRED**

7/15/03 954-961-1505

CR2E034 (4/03)