2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2004
Secretary of State

DOCUMENT# F70823

Entity Name: FRED L. COHEN, M.D., P.A.

Current Principal Place of Business:

3370 BURNS RD
200
PALM BCH.GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 32041
PALM BCH.GARDENS, FL 33420 US

New Mailing Address:

FEI Number: 59-2184296 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRED L COHEN
3370 BURNS ROAD
SUITE 200
PALM BCH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: COHEN, FRED L,
Address: 3370 BURNS RD, STE 200
City-St-Zip: PALM BCH. GARDENS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRED L. COHEN, M.D. PD 01/17/2004

Electronic Signature of Signing Officer or Director Date