

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F86954**

1. Entity Name

MATTHEW M. COHEN, M.D., P.A.**FILED****Feb 07, 2001 8:00 am**
Secretary of State

02-07-2001 90169 047 ***150.00

Principal Place of Business

Mailing Address

2864-B REMINGTON GREEN CIR.
TALLAHASSEE FL 32308**2864-B REMINGTON GREEN CIR.**
TALLAHASSEE FL 32308

2. Principal Place of Business

6515 Aqueduct Court

Suite, Apt. #, etc.

3. Mailing Address

6515 Aqueduct Court

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32308

Country

USA

City & State

Tallahassee FL

Zip

32308

Country

USA4. FEI Number **59-2199684**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****COHEN, MATTHEW M MD**
1616 RIGGINS RD
TALLAHASSEE FL 32308**7. Name and Address of New Registered Agent**

Name

Cohen, Matthew M MD

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

6515 Aqueduct Court

City

Tallahassee**FL**

Zip Code

32308

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **PD** ☐ Delete
NAME **COHEN, MATTHEW MD**
STREET ADDRESS **2864-B REMINGTON GREEN**
CITY-ST-ZIP **TALLAHASSEE FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **PD** ☒ Change ☐ Addition
NAME **Cohen, Matthew MD**
STREET ADDRESS **6515 Aqueduct Court**
CITY-ST-ZIP **Tallahassee, FL 32308**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)