2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# H09743

Entity Name: DR. ABRAHAM K. KOHL, P.A.

Current Principal Place of Business:

C/O ABRAHAM K. KOHL
10830 PINES BLVD
PEMBROKE PINES, FL 33026 US

New Principal Place of Business:

Current Mailing Address:

C/O ABRAHAM K. KOHL
10830 PINES BLVD
PEMBROKE PINES, FL 33026 US

New Mailing Address:

FEI Number: 59-2435304 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOHL, ABRAHAM K.
10830 PINES BLVD
PEMBROKE PINES, FL 33026

Name and Address of New Registered Agent:

KOHL, ABRAHAM K.
10830 PINES BLVD
PEMBROKE PINES, FL 33026 US

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: 01/06/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KOHL, ABRAHAM K.,
Address: 7722 SCHOOPES CT
City-St-Zip: PARKLAND, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KOHL, ABRAHAM K.,
Address: 7722 SCHOONER CT
City-St-Zip: PARKLAND, FL 33067 US

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: ABRAHAM K. KOHL P 01/06/2004
Electronic Signature of Signing Officer or Director — Date