FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 AM 11:38

DOCUMENT # H34035 (6)

1. Corporation Name
STEVEN R. COHEN, P.A.

Principal Place of Business	Mailing Address
3300 UNIVERSITY DR. #521 CORAL SPRINGS FL 33065	3300 UNIVERSITY DR. #521 CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1984
3a. Date of Last Report: 06/06/1994
4. FEI Number: 59-2472157 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 1515 University Dr.	26 1515 University Dr.
Suite, Apt. #, etc. 22 #221	Suite, Apt. #, etc. 27 #221
City & State 23 Coral Springs, FL	City & State 28 Coral Springs, FL
Zip 24 33071 — Country 25 USA	Zip 29 33071 — Country 30 USA

9. Name and Address of Current Registered Agent

COHEN, STEVEN R.
3300 UNIVERSITY, #521
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name: Steven R. Cohen
82 Street Address (P.O. Box Number is Not Acceptable): 1515 University Dr.
83 Suite 221
84 City: Coral Springs, FL — FL — 85 Zip Code: 33071

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] — 6-5-95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	☑ Change ☐ Addition
NAME	COHEN, STEVEN R.	1.2 NAME	
STREET ADDRESS	3300 UNIVERSITY, #521	1.3 STREET ADDRESS	1515 University Dr, #221
CITY ST ZIP	CORAL SPRINGS FL	1.4 CITY ST ZIP	Coral Springs, FL 33071
TITLE	D	2.1 TITLE	☑ Change ☐ Addition
NAME	COHEN, STEVEN R.	2.2 NAME	
STREET ADDRESS	3300 UNIVERSITY, #521	2.3 STREET ADDRESS	1515 University Dr, #221
CITY ST ZIP	CORAL SPRINGS FL	2.4 CITY ST ZIP	Coral Springs, FL 33071
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] — 6-5-95 — 305-753-1310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100393 CP