


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 08, 2004 08:00 AM
Secretary of State

DOCUMENT # H60370 1. Entity Name DRS. COHEN, P.A. ORTHODONTISTS & TMJ ASSOCIATES	
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Principal Place of Business 9250 GLADES ROAD SUITE 208 BOCA RATON, FL 33434	Mailing Address 9250 GLADES ROAD SUITE 208 BOCA RATON, FL 33434
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DO NOT WRITE IN THIS SPACE



07032004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2545280	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KIND, EDWARD L.
7000 W. PALMETTO PK RD.
STE 203
BOCA RATON, FL 33433

DO NOT WRITE
IN THIS SPACE

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COHEN, ROBERT M. 9250 GLADES RD., #208 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COHEN, BRIAN P. 9250 GLADES RD., #208 BOCA RATON, FL
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07/08/04-80004-020 150.00

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian P. Cohen

7/1/04

581-488-8898

Date

Daytime Phone #