2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H60370

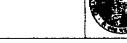
1. Entity Name
DRS. COHEN, P.A. ORTHODONTISTS & TMJ
ASSOCIATES

Principal Place of Business

9250 GLADES ROAD

SUITE 208

BOCA RATON, FL 33434

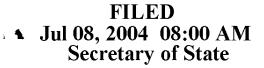


Mailing Address

9250 GLADES ROAD

SUTTE 208

BOCA RATON, FL 33434





DO	NOT	WRITE	IN	THIS	SPACE
100	A 16 A 16 A	T 40 40 40.00 (A) THE PERSON NAMED IN	***	* * * * * * * * * * * * * * * * * * *	- 1990, de 14 - 1990, de

	40.75
59-2545280	Not Applicable
4. FEI Number	Applied For

CR2E034 (10/03)

\$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

KIND, EDWARD L. 7000 W. PALMETTO PK RD. STE 203

SIGNATURE,

DO NOT WRITE

No Chg-P

07032004

BOCA RAT	TON, FL 33433		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	f applicable. (NOTE, Registered	Agent signature	required when reinstating)	DATÉ			
FILE NOWIII FEE IS \$150.00 9. Efection Campaign Finance Due by September 8, 2004 Trust Fund Contribution			cing 🔲	\$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 DIREC	CTORS -		·····	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COHEN, ROBERT M. 9250 GLADES RD., #208 BOCA RATON, FL		U00000164335 07/08/04-80004-020 150.00					
title name street address city-st-zip	S COHEN, BRIAN P. 9250 GLADES RD., #208 BOCA RATON, FL							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
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 impowered.								