

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014523

FILED
Mar 24, 2009
Secretary of State

Entity Name: MICHAEL F. COHEN, PH.D., L.L.C.

Current Principal Place of Business:

535 CENTRAL AVENUE
SUITE 300
ST.PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

535 CENTRAL AVENUE
SUITE 300
ST.PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 06-1683981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, MICHAEL F PHD
535 CENTRAL AVENUE
SUITE 300
SAINT PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COHEN, MICHAEL F
Address: 535 CENTRAL AVENUE, SUITE 300
City-St-Zip: ST. PETERSBURG, FL 32701

Title: MGR () Delete
Name: COHEN, IRENE C
Address: 535 CENTRAL AVENUE
City-St-Zip: ST. PETERSBURG, FL 33701

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL F. COHEN, PH.D.

MGR.

03/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date