

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014523

FILED
Mar 02, 2011
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:

6497-2 CAPE HATTERAS WAY, NE
ST.PETERSBURG, FL 33702

Current Mailing Address:

535 CENTRAL AVENUE
SUITE 300
ST.PETERSBURG, FL 33701

New Mailing Address:

6497-2 CAPE HATTERAS WAY, NE
ST.PETERSBURG, FL 33702

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:

COHEN, MICHAEL F PHD
6497-2 CAPE HATTERAS WAY, NE
SAINT PETERSBURG, FL 33702 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:

03/02/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: COHEN, MICHAEL F
Address: 6497-2 CAPE HATTERAS WAY, NE
City-St-Zip: ST. PETERSBURG, FL 32702

Title: MGR
Name: COHEN, IRENE C
Address: 6497-2 CAPE HATTERAS WAY, NE
City-St-Zip: ST. PETERSBURG, FL 33702

I hereby 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.

OWNE

03/02/2011

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