

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0000679

DOCUMENT # L02000016379

1. Entity Name

KENNETH S. COHEN, M.D., P.L.



FILED

03 NOV -6 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business 9400 S. DADELAND BLVD. SUITE 600 MIAMI FL 33156	Mailing Address 9400 S. DADELAND BLVD. SUITE 600 MIAMI FL 33156
--	--

2. Principal Place of Business 17009 Pines Blvd Suite, Apt. #, etc.	3. Mailing Address 17009 Pines Blvd Suite, Apt. #, etc.
---	---

City & State Pembroke Pines, FL	City & State Pembroke Pines, FL
Zip 33027	Zip 33027
Country USA	Country USA

4. FEI Number 16-1616363	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHASE, ALAN R ESQ.
9400 S. DADELAND BLVD.
SUITE 600
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name
Herbert Jay Cohen

Street Address (P.O. Box Number is Not Acceptable)
2552 Jardin Terr

City
Weston

FL Zip Code
33327

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 DATE 10/16/03

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE Owner	<input type="checkbox"/> Delete
NAME Kenneth S. Cohen, MD	
STREET ADDRESS 17009 Pines Blvd	
CITY-ST-ZIP Pembroke Pines, FL 33027	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800023972738
10/21/03--01081--004 **150.00

11. 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 is true and accurate and that my 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: 10/16/03 954-272-0816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (4/03)