

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L03083

FILED
Apr 25, 2005
Secretary of State

Entity Name: JACOB COHEN M.D., P.A.

Current Principal Place of Business:

600 ALTON RD
SUITE 502
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 398299
MIAMI BEACH, FL 33239 US

New Mailing Address:

FEI Number: 65-0137825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAY, SCOTT R.
420 LINCOLN ROAD
SUITE 450
MIAMI BEACH, FL 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: COHEN M.D., JACOB,
Address: 600 ALTON RD SUITE 502
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACOB COHEN

PSD

04/25/2005

Electronic Signature of Signing Officer or Director

Date