2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# L03083

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:

3800 N MIAMI AVENUE
MIAMI BEACH, FL 33127 US

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: PSD (X) Change ( ) Addition
Name: COHEN M.D., JACOB,
Address: 3800 N MIAMI AVENUE
City-St-Zip: MIAMI BEACH, FL 33127

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 04/26/2006

Electronic Signature of Signing Officer or Director Date