

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000019896

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** ERIC M. COHEN, M.D., P.L.

**Current Principal Place of Business:**

1835 EAST HALLANDALE BEACH BLVD  
517  
HALLANDALE, FL 33009 US

**New Principal Place of Business:**

**Current Mailing Address:**

1835 EAST HALLANDALE BEACH BLVD  
517  
HALLANDALE, FL 33009 US

**New Mailing Address:**

7343 EL CAMINO REAL  
303  
ATASCADERO, CA 93422 US

**FEI Number:** 20-4363989

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

COHEN, ERIC M  
1835 EAST HALLANDALE BEACH BLVD  
517  
HALLANDALE, FL 33009 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  
Name: COHEN, ERIC M  
Address: 1835 EAST HALLANDALE BEACH BLVD, STE 517  
City-St-Zip: HALLANDALE, FL 33009 US

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: ERIC M. COHEN

MGR

02/16/2010

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