

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
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95 MAR 31 PM 2: 10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # L37566 (1)

**1. Corporation Name
RONALD A. COHEN, DDS, P.A.**

**Principal Place of Business Mailing Address
7305 W. SAMPLE ROAD 7305 W. SAMPLE ROAD
SUITE 108 SUITE 108
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/18/1989 3a. Date of Last Report 06/27/1994

4. FEI Number 65-0142071 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country 24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COHEN, RONALD A.
7305 W. SAMPLE RD
SUITE 108
CORAL SPRINGS FL 33065**

**B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when substituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE D
NAME COHEN, RONALD A.
STREET ADDRESS 7305 W. SAMPLE RD #108
CITY-ST- ZIP CORAL SPRINGS FL**

**1 1 TITLE
12 NAME 100001446731
13 STREET ADDRESS -04/04/95--01029--013
14 CITY-ST- ZIP *****200.00 *****200.00**

**TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP**

**21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST- ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP**

**31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST- ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP**

**41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST- ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP**

**51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST- ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP**

**61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST- ZIP**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(a), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/95
Date

705-750-3300
Telephone No.