

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
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 SUITE 106 CORAL SPRINGS FL 33065**

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip 28. Zip  
24. Country 29. Country 30. Country

3. Date Incorporated or Qualified **12/18/1989** 3a. Date of Last Report **03/31/1995**  
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

9. Name and Address of Current Registered Agent

**COHEN, RONALD A.  
7305 W. SAMPLE RD  
SUITE 106  
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. 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 officer 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 \_\_\_\_\_ (Date) \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: <b>D COHEN, RONALD A.</b>	<input type="checkbox"/> DELETE	13.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS: <b>7305 W. SAMPLE RD #106</b>		13.2 NAME: _____	
12.3 CITY-STATE-ZIP: <b>CORAL SPRINGS FL</b>		13.3 STREET ADDRESS: _____	
12.4 TITLE: _____	<input type="checkbox"/> DELETE	13.4 CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME: _____		13.5 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 STREET ADDRESS: _____		13.6 NAME: _____	
12.7 CITY-STATE-ZIP: _____		13.7 STREET ADDRESS: _____	
12.8 TITLE: _____	<input type="checkbox"/> DELETE	13.8 CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME: _____		13.9 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 STREET ADDRESS: _____		13.10 NAME: _____	
12.11 CITY-STATE-ZIP: _____		13.11 STREET ADDRESS: _____	
12.12 TITLE: _____	<input type="checkbox"/> DELETE	13.12 CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME: _____		13.13 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS: _____		13.14 NAME: _____	
12.15 CITY-STATE-ZIP: _____		13.15 STREET ADDRESS: _____	
12.16 TITLE: _____	<input type="checkbox"/> DELETE	13.16 CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 NAME: _____		13.17 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 STREET ADDRESS: _____		13.18 NAME: _____	
12.19 CITY-STATE-ZIP: _____		13.19 STREET ADDRESS: _____	
12.20 TITLE: _____	<input type="checkbox"/> DELETE	13.20 CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.21 NAME: _____		13.21 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 STREET ADDRESS: _____		13.22 NAME: _____	
12.23 CITY-STATE-ZIP: _____		13.23 STREET ADDRESS: _____	
12.24 TITLE: _____	<input type="checkbox"/> DELETE	13.24 CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.25 NAME: _____		13.25 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.26 STREET ADDRESS: _____		13.26 NAME: _____	
12.27 CITY-STATE-ZIP: _____		13.27 STREET ADDRESS: _____	
12.28 TITLE: _____	<input type="checkbox"/> DELETE	13.28 CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.29 NAME: _____		13.29 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.30 STREET ADDRESS: _____		13.30 NAME: _____	
12.31 CITY-STATE-ZIP: _____		13.31 STREET ADDRESS: _____	
12.32 TITLE: _____	<input type="checkbox"/> DELETE	13.32 CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.33 NAME: _____		13.33 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.34 STREET ADDRESS: _____		13.34 NAME: _____	
12.35 CITY-STATE-ZIP: _____		13.35 STREET ADDRESS: _____	
12.36 TITLE: _____	<input type="checkbox"/> DELETE	13.36 CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.37 NAME: _____		13.37 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.38 STREET ADDRESS: _____		13.38 NAME: _____	
12.39 CITY-STATE-ZIP: _____		13.39 STREET ADDRESS: _____	
12.40 TITLE: _____	<input type="checkbox"/> DELETE	13.40 CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.41 NAME: _____		13.41 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.42 STREET ADDRESS: _____		13.42 NAME: _____	
12.43 CITY-STATE-ZIP: _____		13.43 STREET ADDRESS: _____	
12.44 TITLE: _____	<input type="checkbox"/> DELETE	13.44 CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.45 NAME: _____		13.45 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.46 STREET ADDRESS: _____		13.46 NAME: _____	
12.47 CITY-STATE-ZIP: _____		13.47 STREET ADDRESS: _____	
12.48 TITLE: _____	<input type="checkbox"/> DELETE	13.48 CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.49 NAME: _____		13.49 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.50 STREET ADDRESS: _____		13.50 NAME: _____	
12.51 CITY-STATE-ZIP: _____		13.51 STREET ADDRESS: _____	
12.52 TITLE: _____	<input type="checkbox"/> DELETE	13.52 CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.53 NAME: _____		13.53 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.54 STREET ADDRESS: _____		13.54 NAME: _____	
12.55 CITY-STATE-ZIP: _____		13.55 STREET ADDRESS: _____	
12.56 TITLE: _____	<input type="checkbox"/> DELETE	13.56 CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.57 NAME: _____		13.57 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.58 STREET ADDRESS: _____		13.58 NAME: _____	
12.59 CITY-STATE-ZIP: _____		13.59 STREET ADDRESS: _____	
12.60 TITLE: _____	<input type="checkbox"/> DELETE	13.60 CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.61 NAME: _____		13.61 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.62 STREET ADDRESS: _____		13.62 NAME: _____	
12.63 CITY-STATE-ZIP: _____		13.63 STREET ADDRESS: _____	
12.64 TITLE: _____	<input type="checkbox"/> DELETE	13.64 CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.65 NAME: _____		13.65 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.66 STREET ADDRESS: _____		13.66 NAME: _____	
12.67 CITY-STATE-ZIP: _____		13.67 STREET ADDRESS: _____	
12.68 TITLE: _____	<input type="checkbox"/> DELETE	13.68 CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.69 NAME: _____		13.69 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.70 STREET ADDRESS: _____		13.70 NAME: _____	
12.71 CITY-STATE-ZIP: _____		13.71 STREET ADDRESS: _____	
12.72 TITLE: _____	<input type="checkbox"/> DELETE	13.72 CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.73 NAME: _____		13.73 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.74 STREET ADDRESS: _____		13.74 NAME: _____	
12.75 CITY-STATE-ZIP: _____		13.75 STREET ADDRESS: _____	
12.76 TITLE: _____	<input type="checkbox"/> DELETE	13.76 CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.77 NAME: _____		13.77 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.78 STREET ADDRESS: _____		13.78 NAME: _____	
12.79 CITY-STATE-ZIP: _____		13.79 STREET ADDRESS: _____	
12.80 TITLE: _____	<input type="checkbox"/> DELETE	13.80 CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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(3)(k), Florida Statutes. I further certify that the information indicated 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 23, 1996 Date 954-755-3308 Division Phone #

CR2E034 (12/95)