

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L41626**

(7)

1. Corporation Name

**ALAN M. COHEN, M.D., P.A.**



Principal Place of Business

1089 WEST MORSE BLVD  
SUITE C  
WINTER PARK FL 32789  
US

Mailing Address

1089 WEST MORSE BLVD  
C  
WINTER PARK FL 32789  
US

3. Date Incorporated or Qualified  
**12/31/1989**

3a. Date of Last Report  
**02/06/1995**

4. FEI Number  
**59-3009307**

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 State, Apt. #, etc.

26 State, 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

**HEINKEL, R. LAWRENCE  
243 W. PARK AVENUE, SUITE 201  
WINTER PARK FL 32789**

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 607.002 and 607.014, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office location and/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 607.014, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TYPE	NAME	STREET ADDRESS	CITY, STATE, ZIP	DATE
<input type="checkbox"/> OFFICER	<b>D COHEN, ALAN M.</b>	<b>6601 CENTRAL FLORIDA PKY</b>	<b>ORLANDO FL</b>	
<input type="checkbox"/> OFFICER				
<input type="checkbox"/> OFFICER				
<input type="checkbox"/> OFFICER				
<input type="checkbox"/> OFFICER				
<input type="checkbox"/> OFFICER				
<input type="checkbox"/> OFFICER				
<input type="checkbox"/> OFFICER				
<input type="checkbox"/> OFFICER				
<input type="checkbox"/> OFFICER				

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TYPE	NAME	STREET ADDRESS	CITY, STATE, ZIP	DATE
<input checked="" type="checkbox"/> Change		<b>1089 West Morse Blvd, Suite C.</b>	<b>Winter Park, FL 32789</b>	
<input type="checkbox"/> Addition				
<input type="checkbox"/> Change				
<input type="checkbox"/> Addition				
<input type="checkbox"/> Change				
<input type="checkbox"/> Addition				
<input type="checkbox"/> Change				
<input type="checkbox"/> Addition				
<input type="checkbox"/> Change				
<input type="checkbox"/> Addition				

14. I do hereby certify that the information furnished 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 I am an officer or director of the corporation or the trustee 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 amended, or in an attached list with an address.

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

CR2E034 (12/95)