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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary State
DIVISION OF CORPORATIONS

DOCUMENT # L41626

(7)

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

FILED
May 20 1997 8:00am
Secretary of State



1089 WEST MO	Principal Place of Business		Mailing Address			s sabisols on proof rible drine state drin arbis ofair proof aster brait of bit toda			
1089 WEST MORSE BLVD		1089 WEST MORSE BL	VD						
SUITE C	E: 60900	C WINTER PARK FL 3278	0.2751						
WINTER PARK FL 32789 US		US	: וקוניטו			3. Date Incorporated or Qualified	3. Date Incorporated or Qualified 3a. Date of Last Report		l Report
			:			12/31/1989		9/199	
2. Principal Pl	ace of Business	28. Mailing Address				4. FET Number	1 05/5	100	Applied For
21		26	:			59-3009307			Not Applicable
Suite, Apt. 6	#, etc.	Suite, Apt #, etc.					F-1	\$8.7	5 Additional
22		27	:			5. Certificate of Status Desired	LJ	Fee	Required
City & State)	City & State				6. Election Campaign Financing			O May Be
23		28				Trust Fund Contribution			ed to Fees
Zip	Country	Zip	Q ₀	ountry		8. This corporation has liability for	intangible t	ax unde	rs. 199.032,
24	25	29	30			Florida Statutes	X Yes	No No	
1	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New R	egistered A	gent	
HEIN	IKEL, R. LAWRENCE			81	Name				
	W. PARK AVENUE, SUITE 20	1		82	Stroot Adds	ress (P.O. Box Number is Not Accepta	blo)		
	TER PARK FL 32789	•	:	02	Street Addi	ress (F.O. Box Number is Not Accepte	Dic)		
411141				83					
					-27				
				84	City		FL	85 Z	ip Code
11 Purcuent t	to the provisions of Sections 607 (3502 and 607 1508. Florida Sta	atutes the	above	e-named corr	poration submits this statement for the	purpose of	danain	a its registered
office or re	egistered agent, or both, in the St	ate of Florida, Such change wa	as authory	ed by	the corporat	poration submits this statement for the tion's board of directors. I hereby acco	opt the appo	intment	as registered
agent. I ar	m tamiliar with, and accept the ob	oligations of, Section 607,0505,	, Florida St	atutes	i.				
SIGNATURE .	Signature, typed or printed name of registered	I apont suit du il apoceatio	NCVIII. Oversisle	and Ann	nt almost as anomi	red when reinstating)	DATE		
					nt signature regor				000 111 40
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I do hereby definy that the information supplied with his filling does not duality for the exemption stated in section 1.07(3)(i), riordal statutes. I duting the information indicated on this annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation or the observer 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 many fed, or or on attachment with an address.

Make

(407)628-877