

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 20 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # L41626 (7)**  
 1. Corporation Name  
**ALAN M. COHEN, M.D., P.A.**



Principal Place of Business Mailing Address  
**1089 WEST MORSE BLVD SUITE C WINTER PARK FL 32789 US**  
**1089 WEST MORSE BLVD C WINTER PARK FL 32789-3751 US**

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

3. Date Incorporated or Qualified **12/31/1989** 3a. Date of Last Report **02/29/1996**  
 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

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 607.0502 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 (NOT: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>COHEN, ALAN M.</b>	
STREET ADDRESS	<b>1089 W MORSE BLVD STE C</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1B NAME	
1C STREET ADDRESS	
1D CITY-ST-ZIP	
2A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2B NAME	
2C STREET ADDRESS	
2D CITY-ST-ZIP	
3A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3B NAME	
3C STREET ADDRESS	
3D CITY-ST-ZIP	
4A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4B NAME	
4C STREET ADDRESS	
4D CITY-ST-ZIP	
5A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5B NAME	
5C STREET ADDRESS	
5D CITY-ST-ZIP	
6A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6B NAME	
6C STREET ADDRESS	
6D CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *[Handwritten Signature]* *[Handwritten Signature]* (407) 278-8772

CR2E034 (9/96)