

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90055 045 \*\*\*150.00

**DOCUMENT # L41626**

1. Entity Name  
**ALAN M. COHEN, M.D., P.A.**



Principal Place of Business  
**19650 US HIGHWAY 441  
MOUNT DORA FL 32757  
US**

Mailing Address  
**19650 US HIGHWAY 441  
MOUNT DORA FL 32757  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4.-FEI Number **59-3009307**

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COHEN, ALAN M  
1202 PARK AVE NORTH  
WINTER PARK FL 32789**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE NAME           | STREET ADDRESS             | CITY-ST-ZIP                 | Change                   | Addition                 |
|----------------------|----------------------------|-----------------------------|--------------------------|--------------------------|
| <b>D</b>             |                            |                             | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>COHEN, ALAN M</b> | <b>1202 PARK AVE NORTH</b> | <b>WINTER PARK FL 32789</b> | <input type="checkbox"/> | <input type="checkbox"/> |
|                      |                            |                             | <input type="checkbox"/> | <input type="checkbox"/> |
|                      |                            |                             | <input type="checkbox"/> | <input type="checkbox"/> |
|                      |                            |                             | <input type="checkbox"/> | <input type="checkbox"/> |
|                      |                            |                             | <input type="checkbox"/> | <input type="checkbox"/> |
|                      |                            |                             | <input type="checkbox"/> | <input type="checkbox"/> |
|                      |                            |                             | <input type="checkbox"/> | <input type="checkbox"/> |
|                      |                            |                             | <input type="checkbox"/> | <input type="checkbox"/> |

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: **1/18/03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)