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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** M10897

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ROBER	RT E. COHEN, M.D., P.A.	·· · · · · · · · · · · · · · · · · · ·			
Principal Place of Business  C/O ROBERT E. COHEN. MD. PA201 21110 BISCAYNE BLYD. SUITE 201 NORTH MIAMI BEACH FL 33180  2. Principal Place of Business		Mailing Address  C/O ROBERT E. COHEN. MD. PA201 21110 BISCAYNE BLVD. SUITE 201 NORTH MIAMI BEACH FL 33180		c 19619511 101 (1944 sanā) (Bird 1644 495) (Bibli 6184) 41811 41811 41811 (1861	
				3. Date Incorporated or Qualified 3a. Date of Last Report 02/01/1985 04/21/1995 4. FEI Number Applied For	
z. Principai Pia 1	ice of Business	2a. Maiing Address		4. FEI Number Applied For Not Applicate Not Applicate Ap	
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.		\$8.75 Additional	
2		27		5. Certificate of Status Desired Fee Required	
Orty & State		City & State		6. Election Campaign Financing \$5.00 May Be	
3		28		Trust Fund Contribution Added to Fees	
Zip 4]	Gountry	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,	
1	9. Name and Address of Currer	29 at Registered Agent	30	Florida Statutes Yes No  10. Name and Address of New Registered Agent	
			81 Name		
COHEN	, ROBERT E.		. 82 Street Ac	tdress (P.O. Box Number is Not Acceptable)	
3744-JOHNSON ST. 1150 N.		.35th Ave *	1465	icress (F.O. Dox Namice is Not Acceptable)	
	VOOD FL 33021	,	83		
			84 City	85 Zip Code	
			City	FL   s   zp code	
or registers	o the provisions of Sections 607.0502 ed agent, or both, in the State of Flore h, and accept the obligations of, Sect	da. Such change was author	ized by the corporation's be	poration submits this statement for the purpose of changing its registered of pard of directors. Thereby accept the appointment as registered agent. I am	
SIGNATURE .					
	Signaturi, squest expresses a as extragatered agreed OFFICERS AN	na distriction of the control of	skitte. Hegest-mat Agent signatus zorp		
I2.	PST OFFICERS AN	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
IAME	COHEN, ROBERT E., M.D.	_ occur	1.2 NAME	Grangs Addition	
STREET ADDRESS	3714 JOHNSON ST. 1150	N. 35 "Ave #	465 13 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		1.4 C-TY - S1 - ZiP		
ITLE		[] DELETE	2 1 TITLE	☐ Change ☐ Additio	
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST Z:P			2.4.C(TY-S1-Z)F		
TITLE		DELETE	3 1 TIFLE	☐ Change ☐ Additio	
NAME .			3.2 NAME		
STREET ADDRESS			3.3 SPHEET ADDRESS		
OTY - ST - 7IP		□ oreere	3.4 C/TY ST - Z/P		
TLE		☐ DELETE	4. 1 TITLE	Change Addit-o	
VAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		F) DELETE	4.4.C/TY - ST - 7:P 5.1.TILE	☐ Change ☐ Addit-o	
łame .		Discont	5.2 NAME	☐ change ☐ Adamu	
STREET ADDRESS			5.3 STREET ADDRESS		
ITY-S1-ZiP			5.4 CiTY-ST-ZiP		
ITLE		DELETE	6 1 TIFLE	Change Additio	
łame .		<u> </u>	6.2 NAME		
CTREET APPROPRIE			6.3 STREET ADDRESS		
DIMEEL WORKE 22					
STREET ADDRESS DITY-ST-ZIP			6.4 CHY-ST-Z9		

SIGNATURE:

5-21-96 305 931-0444