

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 JUL 24 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT #	M10897	(0)
1. Corporation Name	ROBERT E. COHEN, M.D., P.A.	

Principal Place of Business	Mailing Address
C/O ROBERT E. COHEN, MD. PA201 21110 BISCAYNE BLVD. SUITE 201 NORTH MIAMI BEACH FL 33180	C/O ROBERT E. COHEN, MD. PA201 21110 BISCAYNE BLVD. SUITE 201 NORTH MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified	3a. Date of Last Report
02/01/1985	05/24/1986
4. FEI Number	Applied For
59-2489262	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 owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No

9. Name and Address of Current Registered Agent
COHEN, ROBERT E. 1150 N. 35TH AVE #465 HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	1.1 TITLE
NAME	1.2 NAME
STREET ADDRESS	1.3 STREET ADDRESS
CITY-ST-ZIP	1.4 CITY-ST-ZIP
TITLE	2.1 TITLE
NAME	2.2 NAME
STREET ADDRESS	2.3 STREET ADDRESS
CITY-ST-ZIP	2.4 CITY-ST-ZIP
TITLE	3.1 TITLE
NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS
CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE	4.1 TITLE
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE	5.1 TITLE
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE	6.1 TITLE
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	6.4 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 _____

CR2E034 (4/97)

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ROBERT E. COHEN, M.D., F.A.C.S.

DIPLOMATE AMERICAN BOARD OF SURGERY
GENERAL SURGERY
COLON AND RECTAL SURGERY

Memorial Hospital Medical Office Centre
1150 N. 35th Avenue, Suite 465
Hollywood, Florida 33021
(954) 989-7772
Fax (305) 931-4290

Biscayne Medical Arts Center
21110 Biscayne Blvd., Suite 201
Aventura, Florida 33180
(305) 931-0444
Fax (305) 931-4290

July 21, 1997

State of Florida
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Attn: Annual Reports
Document: # M10897


Re: Robert E. Cohen, M.D.
FEI Number: 59-2489262

Gentlemen/Ladies:

As per my telephone conversation with your office today, I have never received my
FIRST 1997 PROFIT CORPORATION ANNUAL REPORT Packet.

Enclosed is my check in the amount of \$165.00 as you have instructed.

Very truly yours,



Robert E. Cohen, M.D., F.A.C.S.

REC:dj
Encl.