

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

FILED

Feb 18 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **M94336** (8)

1. Corporation Name  
**HOWARD COHAN D.O., P.A.**

Principal Place of Business

**% ALLAN F. MEYER, P.A.  
10025 CLEARY BLVD.  
PLANTATION FL 33324**

Mailing Address

**% ALLAN F. MEYER, P.A.  
10025 CLEARY BLVD.  
PLANTATION FL 33324-1000**



3. Date Incorporated or Qualified **08/16/1988** 3a. Date of Last Report **04/01/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **49-4819530** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**COHAN, HOWARD DO PA  
10025 CLEARY BLVD  
PLANTATION FL 33324**

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. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|  |  |                                 |  |   |  |
|--|--|---------------------------------|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DP<br/>COHAN, HOWARD D.O.<br/>5680 COACH HOUSE CIRCLE<br/>BOCA RATON FL</b> | <input type="checkbox"/> DELETE | 11 TITLE<br>12 NAME<br>13 STREET ADDRESS<br>14 CITY - ST - ZIP | <b>COHAN, HOWARD, D.O.<br/>3712 NW 52 Street<br/>BOCA RATON, FL 33496</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> DELETE | 21 TITLE<br>22 NAME<br>23 STREET ADDRESS<br>24 CITY - ST - ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> DELETE | 31 TITLE<br>32 NAME<br>33 STREET ADDRESS<br>34 CITY - ST - ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> DELETE | 41 TITLE<br>42 NAME<br>43 STREET ADDRESS<br>44 CITY - ST - ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> DELETE | 51 TITLE<br>52 NAME<br>53 STREET ADDRESS<br>54 CITY - ST - ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> DELETE | 61 TITLE<br>62 NAME<br>63 STREET ADDRESS<br>64 CITY - ST - ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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 officer 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, on this attachment with an address.

SIGNATURE:  2/26/97 954-424-1100

CR2E034 (9/96)