

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000044723

Entity Name: LAURA A. COHEN, PHD, P.A.

FILED
May 10, 2005
Secretary of State

Current Principal Place of Business:

2699 STIRLING ROAD
#C403C
HOLLYWOOD, FL 33312

New Principal Place of Business:

Current Mailing Address:

5018 S UNIVERSAL DR
DAVIE, FL 33328

New Mailing Address:

5018 S UNIVERSITY DR
DAVIE, FL 33328

FEI Number: 65-0999315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COHEN, LAURA A
5018 S. UNIVERSITY DR
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: COHEN, LAURA A
Address: 5018 S UNIVERSITY DR
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA A COHEN, PHD, PA

PSD

05/10/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date