2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 AM
Secretary of State

DOCUMENT# P00000055750

Entity Name: DAVID M. COHN, M.D., P.A.

Current Principal Place of Business:

4302 ALTON ROAD
SUITE 560
MIAMI BEACH, FL 33140

New Principal Place of Business:

4302 ALTON ROAD
SUITE 490
MIAMI BEACH, FL 33140

Current Mailing Address:

4302 ALTON ROAD
SUITE 560
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 65-1015570 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHN, DAVID M M.D.
4302 ALTON ROAD
SUITE 560
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

COHN, DAVID M M.D.
4302 ALTON ROAD
SUITE 490
MIAMI BEACH, FL 33140 US

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: DAVID M. COHN, M.D. 03/24/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COHN, DAVID M M.D.
Address: 1035 BELLE MEADE ISLAND DRIVE
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: COHN, DAVID M M.D.
Address: 1035 BELLE MEADE ISLAND DRIVE
City-St-Zip: MIAMI, FL 33138 US

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: DAVID M. COHN, M.D. MR. 03/24/2002
Electronic Signature of Signing Officer or Director Date