2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2007
Secretary of State

DOCUMENT# P00000055750

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

Current Principal Place of Business:

4302 ALTON ROAD
SUITE 910
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

4302 ALTON ROAD
SUITE 910
MIAMI BEACH, FL 33140

New Mailing Address:

1035 BELLE MEADE ISLE DRIVE
MIAMI, FL 33138

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 910
MIAMI BEACH, FL 33140 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: D ( ) Delete
Name: COHN, DAVID M M.D.
Address: 1035 BELLE MEADE ISLAND DRIVE
City-St-Zip: MIAMI, FL 33138 US

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 exemption stated in Chapter 119, 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 MD 07/14/2007

Electronic Signature of Signing Officer or Director — Date