2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000055750

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

FILED Apr 26, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4302 ALTON ROAD 4302 ALTON ROAD SUITE 910 SUITE 300

MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33140

Current Mailing Address: 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: Name and Address of New Registered Agent:

COHN, DAVID M M.D.
4302 ALTON ROAD

SUITE 910

MIAMI BEACH, FL 33140 US

COHN, DAVID M M.D.
4302 ALTON ROAD

SUITE 300

MIAMI BEACH, FL 33140 US

MIAMI BEACH, FL 33140 US 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: 04/26/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: COHN, DAVID M M.D. Name: COHN, DAVID M M.D.

Address: 1035 BELLE MEADE ISLAND DRIVE Address: 1035 BELLE MEADE ISLAND DRIVE

City-St-Zip: MIAMI, FL 33138 US City-St-Zip: MIAMI, FL 33138 US

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 04/26/2008