FROM :CRAIG.H+JOEL.J FAX NO. :9547558672

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Jul 14, 2005 8:00 am
Secretary of State
07-14-2005 90076 015 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000083082

1. Entity Name
RON COHEN DDS, P.A.

Principal Place of Business
1006 NE 202 LANE
NORTH MIAMI BEACH, FL 33179

Mailing Address
1006 NE 202 LANE
NORTH MIAMI BEACH, FL 33179

20063570

07112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 23374 TorrE Circle
Suite, Apt. #, etc.
City & State: BOCA Raton, FL
Zip: 33433 Country: USA

3. Mailing Address: SAME
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 65-1131590 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COHEN, RON
1006 NE 202 LANE
NORTH MIAMI BEACH, FL 33179

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, RON 1006 NE 202 LANE NORTH MIAMI BEACH, FL 33179	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	23374 TorrE Circle BOCA RATON, FL 33433	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I 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 report or supplemental 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 7/10/05 954-741-0346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #