

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90241 014 \*\*\*150.00



☒ CHECK HERE IF MAKING CHANGES

**DOCUMENT #** P02000012571

**1. Entity Name**  
COHEN CLINIC OF CHIROPRACTIC, P.A.

**Principal Place of Business**  
1001 SW 2ND AVENUE  
SUITE 1000  
BOCA RATON FL 33432

**Mailing Address**  
6813 CASTLEMAINE AVENUE  
BOYNTON BEACH FL 33437

**2. Principal Place of Business**  
7491 N Federal Highway  
Suite, Apt. #, etc.  
Suite C-16  
City & State  
Boca Raton FL  
Zip  
33487  
Country  
USA

**3. Mailing Address**  
7491 N. Federal Highway  
Suite, Apt. #, etc.  
Suite C-16  
City & State  
Boca Raton FL  
Zip  
33487  
Country  
USA

**4. FEI Number**  
75-2904701  
**Applied For**  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**  
COHEN, STEVEN C DC  
6813 CASTLEMAINE AVENUE  
BOYNTON BEACH FL 33437

**7. Name and Address of New Registered Agent**  
Name  
Steven C. Cohen  
Street Address (P.O. Box Number is Not Acceptable)  
7491 N. Federal Highway  
Suite C-16  
City Boca Raton FL Zip Code 33487

**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 *Steven C. Cohen* DATE 2/12/03  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COHEN, STEVEN C DC 6813 CASTLEMAINE AVE BOYNTON BEACH FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Cohen, Steven C D.C. 7491 N. Federal Highway Suite C-16 Boca Raton, FL 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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**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 life empowered.**

**SIGNATURE:** *Steven C. Cohen* **SIGNATURE REQUIRED** *DC* DATE 2/12/03 DAYTIME PHONE # 561-893-9100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)