


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90016 043 ***150.00

DOCUMENT # P02000031450		
1. Entity Name COHEN'S MEDICAL, P.A.		

Principal Place of Business 845 CENTURY MEDIAL DR., SUITE B TITUSVILLE, FL 32796	Mailing Address 845 CENTURY MEDIAL DR., SUITE B TITUSVILLE, FL 32796
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2. Principal Place of Business PO Box 6070	3. Mailing Address PO Box 6070
Suite, Apt. #, etc. Titusville, FL	Suite, Apt. #, etc. Titusville, FL
City & State	City & State
Zip 32782 Country USA	Zip 32782 Country USA



01162004 Chg-P CR2E034 (10/03)

4. FEI Number 46-0473102	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SAMMLEY, CRAIG W 1517 E HILLCREST ST ORLANDO, FL 32803	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COHEN, ANDREW J DR 845 CENTURY MEDICAL DR. MICCO, FL 32976 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COHEN, ANDREW J DR PO Box 6070 TITUSVILLE, FL 32782 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/04 3212644455
Date Daytime Phone #