

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90168 012 \*\*\*150.00

**DOCUMENT # P02000031450**

1. Entity Name  
**COHEN'S MEDICAL, P.A.**



Principal Place of Business

**3525 HEATHER LN  
MICO FL 32976**

Mailing Address

**3525 HEATHER LN  
MICO FL 32976**

10000000



2. Principal Place of Business

**845 CENTURY MEDICAL DR**

3. Mailing Address

**845 CENTURY MEDICAL DR**

Suite, Apt. #, etc.

**B**

Suite, Apt. #, etc.

**B**

☒ CHECK HERE IF MAKING CHANGES

City & State

**TITUSVILLE, FL**

City & State

**TITUSVILLE, FL**

4. FEI Number

**46-0473102**

Applied For

Not Applicable

Zip

**32796**

Country

**USA**

Zip

**32796**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SMALLY  
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

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, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DP**  
NAME **COHEN, ANDREW J DR**  
STREET ADDRESS **3525 HEATHER LN**  
CITY-ST-ZIP **MICO FL 32976**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**845 CENTURY MEDICAL DR  
SUITE B  
TITUSVILLE, FL 32796**

☒ Change ☐ 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 another like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/25/03**

**321 264 4455**

Date

Daytime Phone #

CR2E034 (10/02)