

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90300 046 ***150.00

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DOCUMENT # P02000091251

1. Entity Name

ERIC J. COHEN D.C., P.A.



Principal Place of Business

13627 STAMFORD DR
WELLINGTON FL 33414

Mailing Address

13627 STAMFORD DR
WELLINGTON FL 33414

2. Principal Place of Business

6620 LAKE WORTH RD

3. Mailing Address

PO BOX 541107

Suite, Apt. #, etc.

C

Suite, Apt. #, etc.

City & State

LAKE WORTH FL

City & State

LAKE WORTH RD

4. FEI Number

650117960

Applied For

Not Applicable

Zip

Country

USA

Zip

33454-1107

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHOFSTALL, WILLIAM G JR
828 SQUIRE DR
WEST PALM BEACH FL 33414

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
NAME
STREET ADDRESS
CITY-ST-ZIP
EXECUTIVE Director
ERIC J. COHEN
PO BOX 541107
LAKE WORTH, FL 33414

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/03

641-1111

Date

Daytime Phone #

CR2E034 (10/02)