

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 19, 2005 8:00 am
Secretary of State

07-25-2005 90097 009 ***150.00

DOCUMENT # P03000114557					
1. Entity Name TERRY L. COHEN, P.A.					
Principal Place of Business 10815 NW 17TH PLACE CORAL SPRINGS FL 33071			Mailing Address 10815 NW 17TH PLACE CORAL SPRINGS FL 33071		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0305468	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NICHOLLS GREGG E. 1900 NW CORPORATE BLVD. #400B BOCA RATON FL 33431			7. Name and Address of New Registered Agent Name: <u>JOHN</u> Street Address (P.O.): <u>3101</u> City: <u>St. Louis</u> State: <u>FL</u> Zip Code: <u>33306</u>		
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: <u>Terry L. Cohen</u> DATE: <u>8-15-05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing <input type="checkbox"/> \$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, TERRY L 10895 NW 17TH PL POMPANO BEACH FL 33071		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	
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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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.					
NATURE: <u>Terry L. Cohen P.A.</u> <u>7-19-05</u> <u>954 796 2296</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<u>TERRY L. COHEN</u> <small>Date</small> <u>954 796 2296</u> <small>Daytime Phone</small>					

Jerry L Cohen P.A. ATTACHMENT

ELN 20-0305-468

Aug. 15, 2005-

UG025997

To whom :

Re: reference #

P03000114557

I only received renewal
notification in July; therefore,
according to your representative,
Michelle, I owe the state
nothing.

Thank you.

Jerry L Cohen P.A.



ATTACHMENT

66025997

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

July 28, 2005

TERRY L. COHEN, P.A.
10815 NW 17TH PLACE
CORAL SPRINGS, FL 33071

Subject: TERRY L. COHEN, P.A.

Reference Number: P03000114557

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

The new registered agent must sign accepting the designation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION