2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

CUMENT # P03000114557

Entity Name

TERRY L. COHEN, P.A.



FILED Feb 26, 2007 08:00 A Secretary of State

Principal Placo of Business Mailing Address				· · ·				
10815 NW 17 PL CORAL SPRINGS FL 33071		10815 NW 17 PL CORAL SPRINGS FL 33071						
CORAL SPRINGS FL			33071					
2. Principal F	Place of Business - No P.O Box #	3. Mailing Addross						
Suite, Apt.	# oto	Suito, Apt. #, etc.			_			
Suite, Apt.	. 4 , 8tC.	Suito, Apt. #, etc.			1st MOORE CR2E034 (10/06)			
City & Stat	le	City & State			4. FEI Number 20 020E469 Applied For			
					4. FEI Number 20-0305468 Applied For Not Applicable			
Zip Country		Z _i ρ Coun		try 5. Cert		tificate of Status Desired S8.75 Additional		
	6. Name and Address of Current Registered Agent		<u> </u>		Fee Required 7. Name and Address of New Registered Agent			
The state of the s				Name Name				
COHEN, TERRY				Stroot Address (D.O. Boy Number is Not Assessable)				
10815 NW 17TH PL CORAL SPRINGS FL 33071				Street Address (P.O. Box Number is Not Acceptable)				
				City		F	Zip Co	odo
8 The above	named entity submits this statement for	od office or regist	ored agent or b			h and accent		
the obligat	tions of registered agent.	or the purpose of changing to	o regiotere	a dilice of regist	erod agent, or b	on, in the state of Horida. Tall	ii iaiiiiiai wit	n, and accept
SIGNATURE .	Jessey L. C.	show to	, ,			25	24-11	4
· SIGNATURE .	Signature, typed or plated name of registered agent	and ritic r applicable. (INO	TE. Registered	Ageni signature requir	red when ruinstating)	DATE	/	/
F	ILE NOW!!! FEE IS \$150.00					6 Florido O Florido	01	- 00
After May 1, 2007 Fee Will Be \$550.00						 Election Campaign Finan Trust Fund Contribution. 		5.00 May Be
	k Payable to Florida Department o					1		
10.	1		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME	COHEN, TERRY L	☐ Delete	TITLE: NAME	[☐ Change	: 🔲 Addulion
STILL LADDRESS	10815 NW 17TH PL	STRE		I ADDRESS				
CITY-ST-7IP	POMPANO BEACH FL 33071			ST-ZIP				
TITLE		Defete	TITLE				☐ Change	Addition
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CITY - ST - ZIP				ST-7IP				
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CITY+ST-ZIP				S1-71P				
TITLE		☐ Defete	TITLE				Change	Addition
NAME			NAME				3	= 1
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; 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.

CHY-ST-ZIP

STREET ADDRESS

CHY-S1-7IP

TIFLE

NAMI.

CIGNIATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

HHE

NAME

SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Defete

2-24-06 954796229

Change

Addition