


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90294 017 ***150.00

DOCUMENT # P03000156605					
1. Entity Name WAYNE COHEN, MD, PA					
Principal Place of Business 3721 COUNTRYSIDE ROAD SARASOTA, FL 34231			Mailing Address 3721 COUNTRYSIDE ROAD SARASOTA, FL 34231		
2. Principal Place of Business		3. Mailing Address 5741 Bee Ridge Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Ste 240			
City & State		Sarasota FL			
Zip	Country	34233		USA	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PREWETT, DANIEL L 5777 BENEVA ROAD SOUTH SARASOTA, FL 34233			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COHEN, WAYNE 3721 COUNTRYSIDE ROAD SARASOTA, FL 34231		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
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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.					
SIGNATURE: <i>Wayne Cohen MD</i>			4/21/05 9413420609		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		