

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000008882

FILED
Sep 18, 2008
Secretary of State**Entity Name:** COHEN MEDICAL ASSOCIATES, P.A.**Current Principal Place of Business:**15300 JOG ROAD
SUITE 205
DELRAY BEACH, FL 33446**New Principal Place of Business:****Current Mailing Address:**15300 JOG ROAD
SUITE 205
DELRAY BEACH, FL 33446**New Mailing Address:****FEI Number:** 04-3782956**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HOCHMAN, RODGER ESQ.
SACHS, SAX, KLEIN, P.A.
301 YOMATO ROAD, STE. 4150
BOCA RATON, FL 33418 US**Name and Address of New Registered Agent:**COHEN, ROBERT A
15300 JOG ROAD
SUITE 205
DELRAY BEACH, FL 33446 US

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.

SIGNATURE: ROBERT A. COHEN

09/18/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: COHEN, ROBERT D.O.
Address: 15300 JOG ROAD
City-St-Zip: DELRAY BEACH, FL 33446**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PRES (X) Change () Addition
Name: COHEN, ROBERT A D.O.
Address: 15300 JOG ROAD
City-St-Zip: DELRAY BEACH, FL 33446

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. COHEN

PRES

09/18/2008

Electronic Signature of Signing Officer or Director

Date