2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# P04000125646

Entity Name: CARLOS COHEN, M.D., P.A.

Current Principal Place of Business:

17900 NW 5TH STREET
SUITE 204
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

1072 PINE BRANCH DR.
WESTON, FL 33326

New Mailing Address:

FEI Number: 20-1556872 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVY, MARK A ESQ.
200 E. LAS OLAS BLVD., 19TH FLOOR
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COHEN, CARLOS
Address: 1072 PINE BRANCH DR.
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: COHEN, CARLOS
Address: 1072 PINE BRANCH DR.
City-St-Zip: WESTON, FL 33326

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: CARLOS COHEN MD 04/27/2007

Electronic Signature of Signing Officer or Director — Date