2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006
Secretary of State

DOCUMENT# P05000024015

Entity Name: BENJAMIN N. COHEN, PH.D., P.A.

Current Principal Place of Business:

10575 68TH AVENUE NORTH
D-3
SEMINOLE, FL 33772

New Principal Place of Business:

Current Mailing Address:

10575 68TH AVENUE NORTH
D-3
SEMINOLE, FL 33772

New Mailing Address:

P.O. BOX 1546
TARPON SPRINGS, FL 34688

FEI Number: 20-2342351 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, BENJAMIN N PH.D.
10575 68TH AVENUE NORTH
D3
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

COHEN, BENJAMIN N PH.D.
10575 68TH AVENUE NORTH
D-3
SEMINOLE, FL 33772 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: 03/17/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COHEN, BENJAMIN N PH.D.
Address: 10575 68TH AVENUE NORTH, SUITE D3
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: COHEN, BENJAMIN N PH.D.
Address: 10575 68TH AVENUE NORTH, SUITE D-3
City-St-Zip: SEMINOLE, FL 33772

I hereby certify that the information supplied with this filing does not qualify for the 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: BENJAMIN N. COHEN DR. 03/17/2006
Electronic Signature of Signing Officer or Director — Date