2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# P05000024015

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

Current Principal Place of Business:

1501 SOUTH PINELLAS AVENUE (ALT. 19 N)
SUITE Q
TARPON SPRINGS, FL 34689

New Principal Place of Business:

905 EAST MARTIN LUTHER KING, JR. DRIVE
SUITE 211
TARPON SPRINGS, FL 34689

Current Mailing Address:

P.O. BOX 1546
TARPON SPRINGS, FL 34688

New Mailing Address:

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.
1501 SOUTH PINELLAS AVENUE (ALT. 19 N)
SUITE Q
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

COHEN, BENJAMIN N PH.D.
905 EAST MARTIN LUTHER KING, JR. DRIVE
SUITE 211
TARPON SPRINGS, FL 34689 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: _____ 01/17/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR. ( ) Delete
Name: COHEN, BENJAMIN N PH.D.
Address: 1501 SOUTH PINELLAS AVENUE, STE. Q
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: COHEN, BENJAMIN N PH.D.
Address: 905 EAST M.K., JR. DR, STE. 211
City-St-Zip: TARPON SPRINGS, FL 34689

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: PRESIDENT/BENJAMIN N. COHEN, PH.D. DR. 01/17/2009
Electronic Signature of Signing Officer or Director — Date