2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State
04-03-2006 90363 013 ***150.00

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1. Entity Name
HEIDI COHEN, M.D., P.A.

Principal Place of Business	Mailing Address
6759 ROTAL ORCHARD CIRCLE DELRAY BEACH, FL 33446	6759 ROTAL ORCHARD CIRCLE DELRAY BEACH, FL 33446

02282006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
6759 Royal orchid circle	6759 Royal orchid Cir
Suite, Apt. #, etc. Delray Beach fl	Suite, Apt. #, etc. Delray Beach Fl
City & State	City & State
Zip 33446 Country	Zip 33446 Country

4. FEI Number 203070817 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GREEN, MITCHELL F 6759 ROTAL ORCHARD CIRCLE 6759 Royal Orchid Circle DELRAY BEACH, FL 33446	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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COHEN, HEIDI		NAME	
STREET ADDRESS	6759 ROTAL ORCHARD CIRCLE		STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Heidi Cohen MD PA 3/28/06 561 8661048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #