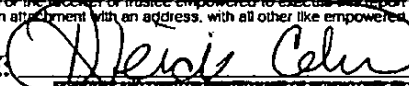


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-03-2006 90363 013 ***150.00

DOCUMENT # P05000092272					
1. Entity Name HEIDI COHEN, M.D., P.A.					
Principal Place of Business 6759 ROTAL ORCHARD CIRCLE DELRAY BEACH, FL 33446			Mailing Address 6759 ROTAL ORCHARD CIRCLE DELRAY BEACH, FL 33446		
2. Principal Place of Business 6759 Royal orchid circle Delray Beach fl			3. Mailing Address 6759 Royal orchid circle Delray Beach Fl		
Suite, Apt. #, etc. Delray Beach fl			Suite, Apt. #, etc. Delray Beach Fl		
City & State			City & State		
Zip 33446		Country		Zip 33446	
Country		Country		02202008 Chg-P CR2E034 (11/05) 4. FEI Number 263070817	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GREEN, MITCHELL F 6759 ROTAL ORCHARD CIRCLE DELRAY BEACH, FL 33446			7. Name and Address of New-Registered Agent 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 renewing) DATE _____					
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		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	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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	
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 exceptions 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 partner or trustee empowered to execute this report as required by Chapter 687, 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:  MDPA			3/28/06 561 8661048 Daytime Phone #		