

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000054190

**Entity Name:** GREGORY S. COHN, M.D., P.A.

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

7301A W. PALMETTO PARK ROAD  
SUITE 301A  
BOCA RATON, FL 33433

**New Principal Place of Business:**

7301A W. PALMETTO PARK ROAD  
SUITE 202C  
BOCA RATON, FL 33433

**Current Mailing Address:**

9620 NW 60TH DR  
PARKLAND, FL 33076

**New Mailing Address:**

**FEI Number:** 65-1281797

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOSKOWITZ, MICHAEL W ESQ  
800 CORPORATE DR SUITE 500  
FT LAUDERDALE, FL 33334 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

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: COHN, GREGORY S  
Address: 9620 NW 60TH DRIVE  
City-St-Zip: PARKLAND, FL 33076

I hereby 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 all other like empowered.

SIGNATURE: GREGORY S. COHN

PRES

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date