

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000025257

Entity Name: CAROL S. COHEN, PA

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

545 SANCTUARY DRIVE A202  
LONGBOAT KEY, FL 34228

**New Principal Place of Business:**

**Current Mailing Address:**

545 SANCTUARY DRIVE A202  
LONGBOAT KEY, FL 34228

**New Mailing Address:**

FEI Number: 20-8629333

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COHEN, CAROL S  
545 SANCTUARY DRIVE A202  
LONGBOAT KEY, FL 34228 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: PSTD  
Name: COHEN, CAROL S  
Address: 545 SANCTUARY DRIVE A202  
City-St-Zip: LONGBOAT KEY, FL 34228

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: CAROL S COHEN

PSTD

04/26/2011

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

\_\_\_\_\_  
Date