2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008
Secretary of State

DOCUMENT# P07000055593

Entity Name: COHEN & SHEINKER, M.D., P.A.

Current Principal Place of Business:

5401 N. UNIVERSITY DRIVE
SUITE 204
CORAL SPRINGS, FL 33067 US

New Principal Place of Business:

7090 BERACASA WAY
BOCA RATON, FL 33433 US

Current Mailing Address:

5401 N. UNIVERSITY DRIVE
SUITE 204
CORAL SPRINGS, FL 33067 US

New Mailing Address:

7090 BERACASA WAY
BOCA RATON, FL 33433 US

FEI Number: 36-4608815 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUBROW DUKER & ASSOCIATES PA
5401 N. UNIVERSITY DRIVE
SUITE 204
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

COHEN, LEON
COHEN & SHEINKER, MDPA
7090 BERACASA WAY
BOCA RATON, FL 33433 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: LEON COHEN 04/02/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DUBROW DUKER & ASSOC, IATES PA
Address: 5401 N. UNIVERSITY DRIVE, SUITE 204
City-St-Zip: CORAL SPRINGS, FL 33067

Title: P ( ) Delete
Name: COHEN, LEON
Address: 5401 N. UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33067 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COHEN, LEON DR
Address: 7090 BERACASA WAY
City-St-Zip: BOCA RATON, FL 33433

Title: VP (X) Change ( ) Addition
Name: SHEINKER, MELISSA DR
Address: 7090 BERACASA WAY
City-St-Zip: BOCA RATON, FL 33433 US

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: LEON COHEN P 04/02/2008
Electronic Signature of Signing Officer or Director Date