

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000081016

**Entity Name:** MICHAEL B COHEN MD PA

**FILED**  
**Dec 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

500 BRICKEL AVENUE  
STE # 2901  
MIAMI BEACH, FL 33131

**New Principal Place of Business:**

2301 S. BROAD STREET  
PHILADELPHIA, PA 19148

**Current Mailing Address:**

500 BRICKEL AVENUE  
STE # 2901  
MIAMI BEACH, FL 33131

**New Mailing Address:**

1902 KATER STREET  
PHILADELPHIA, PA 19146

**FEI Number:** 27-3598867

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COHEN, MICHAEL B MD  
500 BRICKEL AVENUE  
STE # 2101  
MIAMI BEACH, FL FL US

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

COHEN, MICHAEL B MD  
19448 PRESIDENTIAL WAY  
NORTH MIAMI BEACH, FL 33179 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: MICHAEL COHEN

12/11/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COHEN, MICHAEL B MD  
Address: 1902 KATER STREET  
City-St-Zip: PHIALDELPHIA, PA 19146

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: MICHAEL B COHEN

MD

12/11/2012

Electronic Signature of Signing Officer or Director

Date