

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90009 031 ***150.00

DOCUMENT # P35195

1. Entity Name
DR. EDWIN H. COHEN, PC

DO NOT WRITE IN THIS SPACE

54012188

2. Principal Place of Business 950 N. COLLIER BLVD. Suite, Apt. #, etc. STE 303 City & State MARCO ISLAND, FL Zip Country 33937 USA		3. Mailing Address 950 N. COLLIER BLVD. Suite, Apt. #, etc. STE 303 City & State MARCO ISLAND, FL Zip Country 33937 USA	
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4. FEI Number 38-2015119	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name COHEN, EDWIN, H., DR.	
Street Address (P.O. Box Number is Not Acceptable) 950 N. COLLIER BLVD.	
City MARCO ISLAND,	FL Zip Code 33937

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 of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PCT NAME COHEN, EDWIN H. DR. STREET ADDRESS 950 N. COLLIER BLVD. CITY - ST - ZIP MARCO ISLAND, FL 33937	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<p align="center">DO NOT WRITE IN THIS SPACE</p>
TITLE S NAME COHEN, CYNTHIA COFFMAN STREET ADDRESS 950 N. COLLIER BLVD. CITY - ST - ZIP MARCO ISLAND, FL 33937	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-13-04 239-642

**PLEASE SIGN
& DATE**

3337