FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # **P95000090682**1. Corporation Name

TERRY B. COHEN, M.D., P.A.

Principal	Place	of B	usiness

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90180 049 ***158.75



852 NE 72ND 9	e of Business	Mailing Address						
852 NE 72ND STREET 852 NE 72ND STREET								
BOCA RATON FL 33487 BOCA RATON FL 33487					DO NOT WRITE IN TH	S SDACE		
						3. Date Incorporated or Qualifed	O OI AOL	
						11/27/1995		
9 Dringing D	Place of Business	2a. Mailing Address				4. FEI Number		Applied For
<u> </u>	lace of business	⊢ ,				65-0629589	\vdash	Not Applicable
21 Suite, Apt.	# oto	Suite, Apt. #, etc.					\$R 7	5 Additional
	#, etc.			5. Certifcate of Status Desired		Required		
22 City & Stat	hn - 12 - 12 - 24 -	City & State		a SEL Mari Carrie de Financia de la				
一 ,		— ·	28		6. Election Campaign Financing Trust Fund Contribution	•	00 May Be ed to Fees	
Zip	Country		Zip Country			8. This corporation owes the current year 1		50 10 1 003
	25		30	_ · •		Personal Property Tax.	Yes	XI No
24	9. Name and Address of Curren		30			10. Name and Address of New Registere		
	9, Name and Address of Curren	it Hegistered Agent		81	Name	10: Name and Address of Name Adjusted		
COF	HEN, TERRY B M.D.							
	NE 72ND STREET		82 Street Ad		Street Add	ress (P.O. Box Number is Not Acceptable)		
	CA RATON FL 33487		-	83				
500	·			63				
				84	City	F	85 Z	Zip Code
44 5	4- the annihima of Captions 607 050	2 and 607 1509. Elasida Statuta	no the ob	201/0	named com	poration submits this statement for the purpose		its registered
office or r	registered agent, or both, in the State remailiar with, and accept the obliga	of Florida. Such change was at	uthorized	by t	the corporati	on's board of directors. I hereby accept the app	ointment a	s registered
•	Gury B. Cohen	tions of, Section 607.0303, Flor	iua Statu	1163.				
SIGNATURE	Signature, typed or frinted name of registered ager	nt and title if applicable. (NOTE:	Registered A	Agent	signature require	ed when reinstating) DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	AND DIREC	TORS IN 12
TITLE	D	☐ DELETE	1.1 TITL	LÉ			☐ Chan	
NAME	COHEN, TERRY B M.D.		1.2 NA	ME				
STREET ADDRESS			1.3 STF	REET.	ADDRESS			Ì
CITY-ST-ZIP	BOCA RATON FL 33487		1.4 CIT		1			
TITLE		☐ DELETE	2.1 TITL					ge Addition
NAME				LE			Chan	
STREET ADDRESS			2.2 NA				∐ Chan	* –
				ME	ADDRESS		[_] Chan	_
			2.3 STF	ME REET	ADDRESS	_	[] Chan	, —
CITY-ST-ZIP		□ DELETE	2.3 STF 2.4 CIT	ME REET. TY-S1			Chan	
CITY-ST-ZIP		☐ DELETE	2.3 STF 2.4 CIT 3.1 TITI	ME REET. TY-SI LE				
CITY-ST-ZIP TITLE NAME	,	□ DELETE	2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI	ME REET. TY-\$1 LE ME	r-zip	· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP TITLE NAME STREET ADDRESS	,	□ DELETE	2.3 STF 2.4 CIT 3.1 TITT 3.2 NAI 3.3 STF	ME REET. TY-ST LE ME REET	r-zip Address	· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP TWILE NAME STREET ADDRESS CITY-ST-ZIP	,	_	2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 3.4. CIT	ME TY-SI LE ME REET TY-SI	r-zip Address			ge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	1	☐ DELETE	2.3 STF 2.4 CIT 3.1 TITI 3.2 NAP 3.3 STF 3.4. CIT 4.1 TITI	ME TY-SI 'LE ME REET TY-SI	r-zip Address		Chan	ge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1	_	2.3 STF 2.4 CIT 3.1 TITT 3.2 NAI 3.3 STF 3.4 CIT 4.1 TITT 4.2 NA	ME REET. TY-ST TLE ME REET TY-ST TLE	ADDRESS F-ZIP		Chan	ge Addition
CITY-\$T-ZIP TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS	\	_	2.3 STF 2.4 CIT 3.1 TITU 3.2 NAI 3.3 STF 3.4 CIT 4.1 TITU 4.2 NAI 4.3 STF	ME REET. TY-S1 LE ME REET TY-S1 LE AME	I-ZIP ADDRESS I-ZIP ADDRESS		Chan	ge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.3 STF 2.4 CIT 3.1 TITI 3.2 NAV 3.3 STF 3.4 CIT 4.1 TITI 4.2 NA 4.3 STF 4.4 CIT	ME REET. TY-S1 LE ME REET TY-S1 LE AME REET	I-ZIP ADDRESS I-ZIP ADDRESS		☐ Chan	ge Addition
CITY-\$T-ZIP TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE TITLE TITLE		_	2.3 STF 2.4 CIT 3.1 TITI 3.2 NAV 3.3 STF 3.4. CIT 4.1 TITI 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI	ME REET. TY-SI LE REET TY-SI LE AME REET TY-SI LE REET REET	I-ZIP ADDRESS I-ZIP ADDRESS		Chan	ge Addition
CITY-\$T-ZIP TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME		☐ DELETE	2.3 STF 2.4 CIT 3.1 TITI 3.2 NAV 3.3 STF 3.4. CIT 4.1 TITI 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAV	ME REET, TY-SI LE REET TY-SI AME REET REET TY-SI LE ME ME ME ME	ADDRESS 1- ZIP ADDRESS - ZIP		☐ Chan	ge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2.3 STF 2.4 CIT 3.1 TITI 3.2 NAJ 3.3 STF 3.4 CIT 4.1 TITI 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAJ 5.3 STF	ME REET. TY-SI LE REET TY-SI LE AME REET TY-SI LE ME REET REET REET REET REET	ADDRESS 1- ZIP ADDRESS - ZIP ADDRESS		☐ Chan	ge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME		☐ DELETE	2.3 STF 2.4 CIT 3.1 TITI 3.2 NAJ 3.3 STF 3.4 CIT 4.2 NAJ 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAJ 5.3 STF 5.4 CIT	ME REET. TY-SI LE ME REET TY-SI LE ME REET TY-SI LE ME REET TY-ST TY-ST	ADDRESS 1- ZIP ADDRESS - ZIP ADDRESS		☐ Chan	ge Addition
CITY-\$T-ZIP TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS		☐ DELETE	2.3 STF 2.4 CIT 3.1 TITU 3.2 NAJ 3.3 STF 3.4 CIT 4.1 TITU 4.2 NA 4.3 STF 4.4 CIT 5.2 NAJ 5.3 STF 5.4 CIT 6.1 TITU	REET. TY-SI LE ME REET TY-SI LE AME REET LE ME REET LE ME REET LE ME REET. LE ME	ADDRESS 1- ZIP ADDRESS - ZIP ADDRESS		☐ Chan	ge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTROL OF THE		☐ DELETE	2.3 STF 2.4 CIT 3.1 TITI 3.2 NAJ 3.3 STF 3.4 CIT 4.1 TITI 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAJ 5.3 STF 5.4 CIT 6.1 TITI 6.2 NAJ	ME REET TY-SI LE ME REET TY-SI LE ME REET LE ME REET LE ME REET LLE ME REET TY-SI LE ME	ADDRESS 1. ZIP ADDRESS 2. ZIP ADDRESS -ZIP ADDRESS -ZIP		☐ Chan	ge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2.3 STF 2.4 CIT 3.1 TITI 3.2 NAJ 3.3 STF 3.4 CIT 4.1 TITI 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAJ 5.3 STF 5.4 CIT 6.1 TITI 6.2 NAJ	ME REET TY-SI LE ME REET TY-SI LE ME REET LE ME REET LE ME REET LLE ME REET TY-SI LE ME	ADDRESS 1- ZIP ADDRESS - ZIP ADDRESS		☐ Chan	ge Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SMATURE AND TOPPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date