

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

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90261 039 ***158.75

DOCUMENT # P95000090682

1. Entity Name

Terry B. Cohen, M.D., P.A.



DO NOT WRITE IN THIS SPACE

54036212

2. Principal Place of Business

852 N.E. 72nd St.

3. Mailing Address

852 N.E. 72nd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

65-0629589

Applied For

Not Applicable

Zip

33487-2440

Country

USA

Zip

33487-2440

Country

USA

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name Terry B. Cohen, M.D.

Street Address (P.O.-Box Number is Not Acceptable)
852 N.E. 72nd St.

City Boca Raton

FL

Zip Code
33487

**DO NOT WRITE
IN THIS SPACE**

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

Terry B. Cohen

Terry B. Cohen

President

April 15, 2004

Signature, typed or printed name 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 President
NAME Terry B. Cohen, M.D.
STREET ADDRESS 852 N.E. 72nd St.
CITY-ST-ZIP Boca Raton, FL 33487-2440

TITLE
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IN THIS SPACE**

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:

Terry B. Cohen, M.D.

Terry B. Cohen, M.D.

4/15/04

(561) 241-4645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)