

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000064546

FILED
Apr 28, 2005
Secretary of State

Entity Name: COHEN CHIROPRACTIC CENTER, P.A.

Current Principal Place of Business:

COHEN CHIROPRACTIC CENTER
7730 PETERS RD
PLANTATION, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

7730 PETERS RD
PLANTATION, FL 33317 US

New Mailing Address:

FEI Number: 65-0689072

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, ELIZABETH
7730 PETERS ROAD
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: COHEN, ELIZABETH
Address: 1643 EAGLE BEND
City-St-Zip: WESTON, FL 33327

Title: VP () Delete
Name: COHEN, LANCE
Address: 1643 EAGLE BEND
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LANCE COHEN

VP

04/28/2005

Electronic Signature of Signing Officer or Director

Date