SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OF AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Secretary of State

Jul 21 1997 8:00am

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000090658 (1)

WILLIAM C. COHEN, M.D., P.A. Principal Place of Business 1801 SE FIRST AVE. FORT LAUDERDALE FL 33316 Mailing Address 1801 SE FIRST AVE. FORT LAUDERDALE FL 33316				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 38. Date of Last Report			
2. Principal Place of Business	2a. Mailing Address			11/05/1996 4. FEI Number		TIA	pplied For
1	26			68-0711789	i	N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc				5. Certificate of Status Desired		\$8.75 Additional Fee Regulred	
City & State	City & State			6. Election Campaign Financing			May Be
3	28			Trust Fund Contribution	" []		to Fees
Zip Country	Ζφ	Country	/	8. This corporation owes or has	s paid the cu	rrent year In	tangible
25	29	30		Personal Properly Tax due J] No
9. Name and Address of Curr	rent Registered Agent	81	Name	10. Name and Address of New	Registered	Agent	
COHEN, WILLIAM C 1801 SE FIRST AVE.							
FORT LAUDERDALE FL 33316		82	Street Add	ress (P.O. Box Number is Not Acceptable)			
TOTAL BRODERIDALE TE SOUTO		83					
		64	City		····	les Zin	Code
		64	City		FL	85 Zip	Code
office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obt	ale of Florida. Such change wa ligations of, Section 607.0505,	is authorized by Florida Statute	y the corpora s.	ired whon rejustating)	pate	pointment as	registered
office or registered agent, or both, in the State agent. I am familiar with, and accept the obling SIGNATURE Signature, typed or printed name of registered in the Communication of the Communication	ale of Florida. Such change wa ligations of, Section 607.0505, agent and title if applicable (N AND DIRECTORS	Is authorized by Florida Statute: VOTE: Bogistered Age	y the corpora s.	ition's board of directors. I hereby ac	pate	D DIRECTOR	registered
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SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OF AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000090658 (1)

WILLIAM C. COHEN, M.D., P.A.

Principal Place of Business Mailing Address					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> </u>	. 3 1181 (811 1881	
1801 SE FIRST AVE. FORT LAUDERDALE FL 33316		1801 SE FIRST AVE. FORT LAUDERDALE FL 33316			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified 11/05/1996	3a. Date of Las	l Report	
 , ·	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			68-0711789		Not Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	4 1 '	5 Additional Required		
City & Stat	e	City & State			Election Campaign Financing Trust Fund Contribution		May Be	
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has p	paid the current year	Intangible	
24	25	29	30		Personal Property Tax due Jun		□ No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	legistered Agent		
	HEN, WILLIAM C			B1 Name				
	1 SE FIRST AVE.		1	82 Street Add	fress (P.O. Box Number is Not Accepta	able)		
FOI	RT LAUDERDALE FL 33316					·		
				83				
			ŀ	84 City		85 Zi	p Code	
44 Durament	to the manifelant of Continue COZ DEGO			<u> </u>			· 	
Office of r	egistereo agent, or both, in the State o	t Florida. Such change was	: authorized	i by the corpora	poration submits this statement for the stion's board of directors. I hereby acce	purpose of changing of the appointment	j its registered as registered	
agent. I a	m tamiliar with, and accept the obligation	ons of, Section 607,0505, F	lorida Stat	utes.	• • • •	, , ,		
SIGNATURE	Signature, typed or printed name of registered agent							
12.	OFFICERS AND		13.	Agen: signal,re requ	red when reinstaling) ADDITIONS/CHANGES TO OFFI	DATE ICERS AND DIRECTO	7BS IN 12	
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NAME	COHEN, WILLIAM C		1.2 NA					
STREET ADDRESS	1801 SE FIRST AVE.			REFT ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL 33316			Y-S1-7IP				
TITLE		☐ DELETE	21111			Change	e Addition	
NAME			2.2 NA	ME				
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TITLE		☐ DELETE	61711	.f		☐ Change	Addition	
NAME	A Company		6.2 NA	vić				
STREET ADDRESS			6.3 STR	EE1 ADDRESS				
CITY-ST-ZIP		···	6.4 CI1	Y - S1 - ZIP				

I do hereby certify that the information supplied with this filling 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 changes, or on an attachment with an address.