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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000101931

1. Corporation Name

R.A. COHEN, D.D.S., P.A.

Principal Place of Business			Mailing Address						1			EILEI UU EIL	adili kalal		1810 10100	INTER NOT HERE
7305 W SAMPLE RD			7305 W SAMPLE RD													
STE. 106		STE. 106						DO NOT WRITE IN THIS SPACE								
CORAL SPRINGS FL 33065 US		CORAL SPRINGS FL 33065 US						3. Date Incorporated or Qualifed								
US			00						1	/16/199	_					
2. Principal Pi	lace of Business		2a.	Mailing Address						Number				-	App	olied For
21			26						65	-07165	53				Not	Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.					s Cer	tifcate of	Status I	Desired		\$		dditional
22			27						J. G .						Fee Re	
City & State	9-4		\vdash	City & State					1	ction Car			9		55:00	, ,
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24		idress of Current		ered Agent	[30]	1							/ Registe	ered Ager		
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	ien, ronald a					82	Stree	t Addro	ess (P.O.	Box Num	her is N	ot Acce	ntable)			_
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	. 106					83										
COR	RAL SPRINGS FL	33065				84	City							85	Zip C	ode
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									47 1	:						
11. Pursuant	to the previsions of	Sections 607.0502	and 60	7.1508, Florida Statu	ites, the a	bove d hv i	e-name	d corpo	oration sut n's board	of directo	rs. I her	ent for the	e purpo:	se of chan appointme	iging its nt as rec	registered gistered
11. Pursuant office or re agent. I a	to the provisions of registered agent or tum im familiar with, a) of	Sections 607.0502 boty, in the State of	and 60 f Florida ons of	7.1508, Florida Stati a. Such change was Section 607.0505, F	ites, the a authorize orida Sta	bove d by tutes.	e-name the co	d corpo poration	n's board	of direct	ors. I her	ent for the eby acc	ept the a	se of chan appointme	nging its nt as reg	registered gistered
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SIGNATURE	1 / XX	name of registered agent	and title if	applicable. (NO	E: Registere				when reinsta	ting)			JA*	TE		
SIGNATURE	Signature, typed or printed	WIN	and title if	applicable. (NO		d Agen			when reinsta	ting)			JA*	TE S AND DI		
SIGNATURE 12. TITLE	Signature, typed or printed	name of registered agent OFFICERS AND	and title if	applicable. (NOTORS	E: Registere	d Agen			when reinsta	ting)			JA*	TE S AND DI	RECTO	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed P COHEN, RONAL	name of registered agent OFFICERS AND	and title if	applicable. (NOTORS	13. 1.1 T	d Agen		e required	when reinsta	ting)			JA*	TE S AND DI	RECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	P COHEN, RONAL 7305 W SAMPL	name of registered agent OFFICERS AND D A E RD, STE. 106	and title if	applicable. (NOTORS	13. 1.1 T 1.2 N 1.3 S	d Agen	nt signatu	e required	when reinsta	ting)			JA*	TE S AND DI	RECTO	RS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COHEN, RONAL 7305 W SAMPL	name of registered agent OFFICERS AND D A E RD, STE. 106	and title if	applicable (NO:	13. 1.1 T 1.2 N 1.3 S	TREET	nt signatu	e required	when reinsta	ting)			JA*	IS AND DI	RECTO Change	RS IN 12
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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.

6.4 CITY-ST-ZiP

SIGNATURE:

C/TY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR