# 2000 UNIFORM BUSINESS REPORT (UBR)

# DOCUMENT # P96000101931

1. Entity Name

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

# FILED Jan 25, 2000 8:00 am Secretary of State

Country   Zip	,				01-25-2000 90095 (	028 ***150.00	
STE 106 CORAL SPRINGS FL 3005: US  SURE, Apt. #, etc.  City & State  City & State  City & State  Country  6. Name and Address of Current Registered Agent  Name  COHEN, RONALD A  7305 W SAMPLE RD  STE 106 CORAL SPRINGS FL 33065  8. The aboven named entity submits insignatement for the purpose of changing its registered dync or registered agent, or both, in the State of Fortics.  SIGNATURE  Equation, Typic of protect remain and elected to do so (See orients on back)  Are protected agent, or both, in the State of Fortics.  SIGNATURE  Equation, Typic of protect remain and elected to do so (See orients on back)  Are filled by the interpolate of the purpose of changing its registered dync or registered agent, or both, in the State of Fortics.  SIGNATURE  Equation, Typic of protect remain and elected to do so (See orients on back)  Are filled by the interpolate of the state of the control of the state of Fortics.  SIGNATURE  Equation, Typic of protect remain and elected to do so (See orients on back)  OHICE Projected Agent special equation and address of Nov Registered Agent or Profess  SIGNATURE  Equation, Typic of protect remains and elected to do so (See orients on back)  Are filled by the interpolate of the state of the state of Fortics.  SIGNATURE  Equation, Typic of protect remains and elected to do so (See orients on back)  OHICE Projected Agent special equation in minimal profess of the state of Fortics.  SIGNATURE  Equation, Typic of protected Agent of Profess and Other Corrections in 11  The Other Rowald Signature of Profess and Other Corrections in 11  SIGNATURE  OHICE Projected Agent of Profess and Other Corrections in 11  SIGNATURE  OHICE Projected Agent of Profess and Other Corrections in 11  SIGNATURE  OHICE Projected Agent of Profess and Other Corrections in 11  SIGNATURE  OHICE Projected Agent of Profess and Other Corrections in 11  SIGNATURE  OHICE Projected Agent of Profess and Other Corrections in 11  SIGNATURE  OHICE P	Principal Place of Business Mailing Address				1		
Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Size - Count	STE. 106 CORAL SPRINGS FL 33065		STE, 106 CORAL SPRINGS FL 33065-2238		I INDINATE HIE HOME OHN ENH BONN ON HE		ele <b>d</b> e la <b>n</b> e a <b>nd</b> e
City & State  City & State  Country  Served Address of Status besided  6. Name and Address of Current Registered Agent  Name  COHEN, RONALD A 7305 W SAMPLE RD STE 106  CORAL SPRINGS FL 33065  City  FL  Zip Code  City  City  City  City  FL  Zip Code  City  City	2. Principal Place of Business		3. Mailing Address				
Sign Address of Current Registered Agent  6. Name and Address of Current Registered Agent  COHEN, RONALD A 7305 W SAMPLE RD SITE 106 CCRAL SPRINGS FL 33065  City FL Zip Code  8. The above named entity submites this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Signature  Synature  Syna	Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE II	N THIS SPACE	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COHEN, RONALD A 7305 W SAMPLE RD STE. 106 CORAL SPRINGS FL 33065 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.  SIGNATURE    Specially, together agent and its purpose of changing its registered office or registered agent, or both, in the State of Florida.    Signature   Specially, together agent and its if registable   PIOTE triginated Agent agroups required when researcing   OHE	City & State		City & State		4. FEI Number 65-0716553 Applied For Not Applied For		
COHEN, RONALD A 7305 W SAMPLE RD STE. 106 CORAL SPRINGS FL 33065  City FL Zip Code  6. 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, speed or printed rame of impaired agent and life if applicable  9. This corporation is eligible to satisfy its lintangible Tax filling requirement and effects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREET ADDIESS CITY-S1-2P  TITLE ORALL SPRINGS FL 33085  T	Zip `	Country	Zip" -	- Country	5. Certificate of Status Desired		
COHEN, RONALD A 7305 W SAMPLE RD STE. 106 CORAL SPRINGS FL 33065  City FL Zip Code  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.  SIGNATURE  9. This corporation is eligible to satisfy its intangible fax filing requirement and elects to do so.  (See orderia on back)  TI. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT.  OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT.  OFFICERS AND DIRECTORS  13. OFFICERS AND DIRECTORS  14. OFFICERS AND DIRECTORS  15. ON AME STREET ADDRESS  CITY-51-2P  COHEN, RONALD A 7305 W SAMPLE RD, STE. 106 CORAL SPRINGS FL 33085  CITY-51-2P  Obelee  TITE  NAME STREET ADDRESS  CITY-51-2P  Obelee  TITE  NAME STREET ADDRESS  CITY-51-2P  Obelee TITE  NAME STREET ADDRESS  CITY-51-2P  TITE  NAME STREET ADDRESS  CITY-51-2P  Obelee TITE  NAME STREET ADDRESS  CITY-51-2P  OCHANGES  CITY-51-2P  ODELEE  TITE  NAME STREET ADDRESS  CITY-51-2P  OCHANGES  CITY-51-2P  OC		6. Name and Address of Current I	Registered Agent		7. Name and Address of New Regi	stered Agent	
SIGNATURE   Signature, typed or printed name of registered agent and life of applicable   (NOTE: Registered Apent signature required when remaiting)   DATE	7305 W SAMPLE RD STE. 106			Street Address (P.O. Box Number is Not Acceptable)			
SIGNATURE   Signature, typed or printed name of registered agent and life of applicable   (NOTE: Registered Apent signature required when remaiting)   DATE	8. The above	named entity submits this statement for	the nurnose of changing its re	enistered office or re	ristered agent or both in the State of Florida		
After MAY 1, 2000 Fee will be \$550.00    Added to Fees   Steen contack   Common contribution   Added to Fees   Title	9. This corpo	ration is eligible to satisfy its Intangible	FILE NOW!!	! FEE IS \$150.00	10. Election Campaign Finance		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	_	<u> </u>			Trust Fund Contribution.	· _ +,	
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET	11.	OFFICERS AND (	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11
TITLE   Delete   TITLE   NAME   STREET ADDRESS   STREET A	NAME Street Address	COHEN, RONALD A 7305 W SAMPLE RD, STE. 106	☐ Delete	NAME STREET ADDRESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	يند ساية الوين الحادات الإسانية المعادمة وسعد السعد	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME  NAME  NAME  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE NAME  NAME  NAME  NAME	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS		Change	Addition
NAME NAME	NAME Street address		☐ Delete	NAME STREET ADDRESS		☐ Change	Addition
CITY-ST-ZIP  CITY-	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			Addition

of the corporation or the receiver or rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with/an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR