

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000056930

1. Entity Name

DAVID ANDREW COHEN, D.M.D., M.S., P.A.

Principal Place of Business

Mailing Address

4234 NE 32ND CIRCLE
OCALA FL 34479

4234 NE 32ND CIRCLE
OCALA FL 34479

2. Principal Place of Business

11220 SE 220 TERRACE

3. Mailing Address

11220 SE 220 TERRACE

Suite, Apt. #, etc.

Hawthorne, FL

Suite, Apt. #, etc.

Hawthorne, FL

City & State

City & State

4. FEI Number

59-3456610

Applied For

Not Applicable

Zip

32640

Country

USA

Zip

32640

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COHEN, DAVID A
4234 NE 32ND CIRCLE
OCALA FL 34479

7. Name and Address of New Registered Agent

Name

DAVID A. COHEN

Street Address (P.O. Box Number is Not Acceptable)

11220 SE 220 TERRACE

City

Hawthorne

FL

Zip Code

32640

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME COHEN, DAVID A
STREET ADDRESS 4234 NE 32ND CIRCLE
CITY-ST-ZIP Ocala FL 34479 ☐ Delete

TITLE S
NAME COHEN, MARGARET L
STREET ADDRESS 4234 NE 32ND CIR
CITY-ST-ZIP Ocala FL 34479 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME COHEN, DAVID A.
STREET ADDRESS 11220 SE 220 TERRACE
CITY-ST-ZIP Hawthorne, FL 32640

TITLE S ☒ Change ☐ Addition
NAME COHEN, MARGARET
STREET ADDRESS 11220 SE 220 TERRACE
CITY-ST-ZIP Hawthorne, FL 32640

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David A Cohen

DAVID A COHEN

Jan 9 '01

(352) 481-5038

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0472081

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90042 042 ***150.00



DO NOT WRITE IN THIS SPACE