


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000056930	
1. Entity Name DAVID ANDREW COHEN, D.M.D., M.S., P.A.	

Principal Place of Business 11220 SE 220 TERRACE HAWTHORNE, FL 32640 US	Mailing Address 11220 SE 220 TERRACE HAWTHORNE, FL 32640 US
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3456610	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COHEN, DAVID A 11220 SE 220 TERRACE HAWTHORNE, FL 32640
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COHEN, DAVID A 11220 SE 220 TERRACE HAWTHORNE, FL 32640 ✓
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S COHEN, MARGARET L 11220 SE 220 TERRACE HAWTHORNE, FL 32640 ✓
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02/14/07-80003-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>David A. Cohen</i> DAVID A. Cohen, president	Date JAN 30 '07	Daytime Phone # 352 481 5038
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