

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000108533

**FILED**  
**Sep 17, 2010**  
**Secretary of State**

**Entity Name:** MITCHELL B. COHEN, M.D., P.A.

**Current Principal Place of Business:**

2291 N UNIVERSITY DRIVE  
PEMBROKE, FL 33024

**New Principal Place of Business:**

2213 NORTH UNIVERSITY DRIVE  
A  
PEMBROKE, FL 33024

**Current Mailing Address:**

10780 SANTA FE DRIVE  
COOPER CITY, FL 33026

**New Mailing Address:**

**FEI Number:** 65-0801164

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KAHN, HOWARD N  
4000 HOLLYWOOD BLVD SOUTH  
SUITE 485  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

COHEN, MITCHELL B  
2213 N. UNIVERSITY DR  
A  
PEMBROKE PINES, FL 33024 US

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: MITCHELL COHEN

09/17/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MD  
Name: COHEN, MITCHELL B MD  
Address: 10780 SANTA FE DRIVE  
City-St-Zip: COOPER CITY, FL 33026

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MITCHELL COHEN

MM

09/17/2010

Electronic Signature of Signing Officer or Director

Date