

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000000040</b> 1. Entity Name <b>ELLIOT S. COHEN, M.D., INC.</b>					
Principal Place of Business <b>1801 WEST HILLSBORO DEERFIELD BEACH FL 33432</b>			Mailing Address <b>1801 WEST HILLSBORO DEERFIELD BEACH FL 33432</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc			Suite, Apt #, etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0021067</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COHEN, GAYLE 5895 HAMILTON WAY BOCA RATON FL 33496</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2005 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div>           9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Added to Fees</b> </div> </div>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VTD</b> <b>COHEN, ELLIOT S</b> <b>5895 HAMILTON WAY</b> <b>BOCA RATON FL 33496</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>000000328281</b> <b>04/25/05-80071-013 150.00</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PSD</b> <b>COHEN, GAYLE</b> <b>5895 HAMILTON WAY</b> <b>BOCA RATON FL 33496</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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12. 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Gayle Cohen</u> <b>Gayle Cohen</b> <u>4/21/05</u> <u>954-429-9050</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					