

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000039909

Entity Name: CLARENCE COHEN, P.A.

FILED  
Apr 13, 2005  
Secretary of State

**Current Principal Place of Business:**

ATLANTIC THERAPETICS  
1925 E ATLANTIC BLVD  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

2291 NW 129TH TERR  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

FEI Number: 65-0924519

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COHEN, CLARENCE  
2291 NW 129TH TERR  
PEMBROKE PINES, FL 33028 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: COHEN, CLARENCE  
Address: 2291 NW 129TH TERR  
City-St-Zip: PEMBROKE PINES, FL 33028

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CLARENCE L COHEN

PRES

04/13/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date