

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90197 032 ***150.00

DOCUMENT # S35866

1. Entity Name

G. RICHARD COHEN, M.D., P.A.

Principal Place of Business

Mailing Address

**9980 CENTRAL PARK BLVD
 SUITE 204
 BOCA RATON FL 33428**

**9980 CENTRAL PARK BLVD
 SUITE 204
 BOCA RATON FL 33428**

2. Principal Place of Business

3020 N. MILITARY TRAIL

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite 150

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33431

Country

USA

Country

4. FEI Number

65-0248160

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JURAN, LAWRENCE B
 5355 TOWN CENTER ROAD
 SUITE 801
 BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

Name **Gary Dunay**
 Street Address (P.O. Box Number is Not Acceptable) **5355 Town Center Rd Suite 801**
 City **BOCA RATON FL** Zip Code **33486**

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 *J. Richard Cohen G Richard Cohen - president*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/17/01
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COHEN, G RICHARD		NAME 3020 N. Military Trail	
STREET ADDRESS 9980 CENTRAL PARK BLVD		STREET ADDRESS BOCA RATON, FL	
CITY-ST-ZIP BOCA RATON FL		CITY-ST-ZIP BOCA RATON, FL	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COHEN, ALISA B		NAME 3020 N. Military Trail	
STREET ADDRESS 9980 CENTRAL PARK BLVD		STREET ADDRESS BOCA RATON, FL	
CITY-ST-ZIP BOCA RATON FL		CITY-ST-ZIP BOCA RATON, FL	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *J. Richard Cohen G Richard Cohen MD* **1/17/01** **561 981-8400**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)