

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V07761** (2)

1. Corporation Name  
**MARK D. COHEN, P.A.**

Principal Place of Business

**4000 HOLLYWOOD BLVD  
SUITE 417, SO  
HOLLYWOOD FL 33021  
US**

Mailing Address

**4851 SHERIDAN STREET  
SUITE 300  
HOLLYWOOD FL 33021-3427  
US**

3. Date Incorporated or Qualified  
**01/21/1992**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business  
21 **4000 Hollywood Blvd.**

Suite, Apt. #, etc.  
22 **Suite 485 South**

City & State  
23 **Hollywood, FL**

Zip Country  
24 **33021 USA**

2a. Mailing Address  
26 **4000 Hollywood Blvd.**

Suite, Apt. #, etc.  
27 **Suite 485 South**

City & State  
28 **Hollywood, FL**

Zip Country  
29 **33021 USA**

4. FEI Number  
**65-0308559**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**COHEN, MARK D  
4000 HOLLYWOOD BLD  
SUITE 417 SO.  
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name  
**COHEN, MARK D.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4000 Hollywood Blvd.**  
83 **Suite 485 South**  
84 City  
**Hollywood** 85 Zip Code  
**FL 33021**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/8/97**

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE <b>see change</b>
NAME	<b>COHEN, MARK D.</b>
STREET ADDRESS	<b>4000 HOLLYWOOD BLVD., SUITE 417 SO.</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>COHEN, MARK D.</b>
1.3 STREET ADDRESS	<b>4000 Hollywood Blvd., Suite 485 So.</b>
1.4 CITY-ST-ZIP	<b>Hollywood, FL 33021</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 its receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

**4/8/97 (954) 962-1166**

CR2E034 (9/96)