2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Feb 04, 2008 08:00 AN Secretary of State

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1. Entity Name
MARK D. COHEN, P.A.



US

Principal Place of Business

4000 HOLLYWOOD BLVD

435 SOUTH HOLLYWOOD, FL 33021

US

Mailing Address

4000 HOLLYWOOD BLVD 435 SOUTH

HOLLYWOOD, FL 33021

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No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0308559

01072008

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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COHEN, MARK D 4000 HOLLYWOOD BLD 435 SOUTH HOLLYWOOD, FL 33021			DO NOT WRITE IN THIS SPACE				
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.	Signature, typed or printed name of registered agent and little if	applicable (NOTE: Registere	d Agent signature required when reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution			scing \$5.00 May Be Added to Fees	U00000811979 02/12/08-80028-008 150.00			
10.	OFFICERS AND DIREC	TORS		• ,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, MARK D. 400 HOLLYWOOD BLVD. STE. 435 SO. HOLLYWOOD, FL. 33021						
TITLE NAME STREET ADDRESS CITY-SI-ZIP	1		, ,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby	certify that the information supplied with this full	ing does not qualify for the exe	emptions contained in Chapter 11	9. Florida Statutes, I further certify that the information			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate any trigit 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 if changed, or on an attachment with an address, withyell officer type empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/08 (95/962-1166