FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V47249** **(0)**

1. Corporation Name
ALBERT V. COHEN, M.D., P.A.

Principal Place of Business
2708 AZEELE AVENUE
TAMPA FL 33609

Mailing Address
~~2708 AZEELE AVENUE~~
~~TAMPA FL 33609~~

3. Date Incorporated or Qualified: 07/01/1992
3a. Date of Last Report: 04/06/1995
4. FEI Number: 59-3129484 [ ] 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. [X] Yes [ ] No

2. Principal Place of Business
21 [ ]
Suite, Apt. #, etc.
22 [ ]
City & State
23 [ ]
Zip
24 [ ] 25 Country [ ]

2a. Mailing Address
26 4923 Bay Way Drive
Suite, Apt. #, etc.
27 ——
City & State
28 Tampa Fl
Zip
29 33629 30 Country USA

9. **Name and Address of Current Registered Agent**

COHEN, ALBERT V.
~~2708 AZEELE AVENUE~~ 4923 Bay Way Drive
TAMPA FL ~~33609~~
33629

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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, the position of registered agent.

SIGNATURE ____ DATE ____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME: COHEN, ALBERT V.		12 NAME	
STREET ADDRESS: ~~2708 AZEELE AVENUE~~ 4923 Bay Way Drive		13 STREET ADDRESS	
CITY-ST-ZIP: TAMPA FL		14 CITY-ST-ZIP	
TITLE	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Albert V. Cohen Albert V. Cohen X 2-2-96 X 813-286-8663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)