

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F70823

**Entity Name:** FRED L. COHEN, M.D., P.A.**Current Principal Place of Business:**11211 PROSPERITY FARMS RD.  
SUITE C109  
PALM BCH.GARDENS, FL 33410**Current Mailing Address:**PO BOX 32041  
PALM BCH.GARDENS, FL 33420 US**FEI Number:** 59-2184296**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COHEN, FRED LMD  
11211 PROSPERITY FARMS RD.  
SUITE C109  
PALM BCH.GARDENS, FL 33410 US*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**Officer/Director Detail :**

Title	PD
Name	COHEN, FRED L
Address	11211 PROSPERITY FARMS RD. SUITE C109
City-State-Zip:	PALM BCH.GARDENS FL 33410

Title	VICE-PRESIDENT
Name	COHEN, VANNE D
Address	PO BOX 1838
City-State-Zip:	JUPITER FL 33468

Title	VICE-PRESIDENT
Name	MANISCALCO, JACQUELINE C
Address	1343 HARRIS ROAD
City-State-Zip:	DRESHER PA 19025

*I hereby 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 all other like empowered.*

**SIGNATURE:** FRED L COHEN

PRESIDENT

02/07/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date