

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000125646

Entity Name: CARLOS COHEN, M.D., P.A.

Current Principal Place of Business:

17900 NW 5TH STREET
SUITE 204
PEMBROKE PINES, FL 33029

Current Mailing Address:

17900 NW 5TH STREET, SUITE 204
PEMBROKE PINES, FL 33029

FEI Number: 20-1556872

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEVY, MARK AESQ.
200 E. LAS OLAS BLVD., 19TH FLOOR
FT. LAUDERDALE, FL 33301 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 DR
Name COHEN, CARLOS
Address 17900 NW 5TH STREET SUITE 204
City-State-Zip: PEMBROKE PINES FL 33029

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: CARLOS COHEN

OWNER

01/14/2014

Electronic Signature of Signing Officer/Director Detail

Date