

**2023 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

MD

02/05/2023

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

\_\_\_\_\_  
Date