

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000165273

**Entity Name:** OFRI COHEN, LMFT, LMHC, P.A.

**Current Principal Place of Business:**

3363 NE 163RD STREET  
SUITE 709  
NORTH MIAMI BEACH, FL 33160

**Current Mailing Address:**

3363 NE 163RD STREET  
SUITE 709  
NORTH MIAMI BEACH, FL 33160

**FEI Number:** 42-1694790

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COHEN, OFRI  
3363 NE 163RD STREET  
SUITE 709  
NORTH MIAMI BEACH, FL 33160 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, OFRI  
Address 3363 NE 163RD STREET  
SUITE 709  
City-State-Zip: NORTH MIAMI BEACH FL 33160

*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:** OFRI COHEN

**PRESIDENT**

**02/04/2020**

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

\_\_\_\_\_  
Date