

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000105627

**Entity Name:** CARRIE A. COHEN, LCSW, P.A.

**Current Principal Place of Business:**

1304 S DE SOTO AVE  
100  
TAMPA, FL 33606

**Current Mailing Address:**

9702 HIDDEN COVE CT  
TAMPA, FL 33618 US

**FEI Number:** 20-5473062

**Certificate of Status Desired:** No

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

COHEN, CARRIE APRES  
9702 HIDDEN COVE CT  
TAMPA, FL 33618 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           | PRES                | Title           | OFFICER                 |
| Name            | COHEN, CARRIE A     | Name            | COHEN, STEVEN L         |
| Address         | 9702 HIDDEN COVE CT | Address         | 806 W. DELEON ST<br>203 |
| City-State-Zip: | TAMPA FL 33618      | City-State-Zip: | TAMPA FL 33606          |

*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:** CARRIE COHEN

**PRESIDENT**

**04/30/2023**

Electronic Signature of Signing Officer/Director Detail

Date