

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000055593

**Entity Name:** COHEN & SHEINKER, M.D., P.A.

**Current Principal Place of Business:**

7100 WEST CAMINO REAL  
SUITE 122  
BOCA RATON, FL 33433

**Current Mailing Address:**

7100 WEST CAMINO REAL  
SUITE 122  
BOCA RATON, FL 33433 US

**FEI Number:** 36-4608815

**Certificate of Status Desired:** No

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

COHEN, LEON  
7100 WEST CAMINO REAL  
SUITE 122  
BOCA RATON, FL 33433 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            P  
Name            COHEN, LEON DR  
Address        7100 WEST CAMINO REAL  
                  SUITE 122  
City-State-Zip: BOCA RATON FL 33433

Title            VP  
Name            SHEINKER, MELISSA DR  
Address        7100 WEST CAMINO REAL  
                  SUITE 122  
City-State-Zip: BOCA RATON FL 33433

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:** MELISSA SHEINKER

**VICE PRESIDENT**

**01/11/2015**

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

\_\_\_\_\_  
Date