

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000057006

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

Current Principal Place of Business:

111 N. LAKEMONT
SUITE 2D
WINTER PARK, FL 32792

Current Mailing Address:

111 N. LAKEMONT
SUITE 2D
WINTER PARK, FL 32792

FEI Number: 45-2539792

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COHEN, DANIEL DDR.
111 N. LAKEMONT
SUITE #2D
WINTER PARK, FL 32792 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 D
Name COHEN, DANIEL DM.D.
Address 111 N. LAKEMONT, SUITE 2D
City-State-Zip: WINTER PARK FL 32792

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: DANIEL COHEN

D

02/29/2016

Electronic Signature of Signing Officer/Director Detail

Date