

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000052435

**Entity Name:** COHEN ORTHODONTIC ASSOCIATES, P.A.

**Current Principal Place of Business:**

6079 NW 23RD WAY  
BOCA RATON, FL 33496

**Current Mailing Address:**

6079 NW 23RD WAY  
BOCA RATON, FL 33496 US

**FEI Number:** 32-0383193

**Certificate of Status Desired:** No

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

FLORIDA HEALTHCARE LAW FIRM  
909 SE 5TH AVENUE  
SUITE 200  
DELRAY BEACH, FL 33483 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, MICHAEL A  
Address 6079 NW 23RD WAY  
City-State-Zip: BOCA RATON FL 33496

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:** MICHAEL COHEN

**PRESIDENT**

**02/08/2013**

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

\_\_\_\_\_  
Date