



# ANNUAL LOBBYIST REGISTRATION

FOR THE PERIOD JULY 1, \_\_\_\_\_ THRU JUNE 30, \_\_\_\_\_

NAME Bradford L. Cohen PHONE 617-504-0792  
MAILING ADDRESS 2709 SW 11th Ave, Cape Coral, FL 33914

LIST THE NAME AND BUSINESS ADDRESS OF EACH PRINCIPAL REPRESENTED, THEIR GENERAL AND SPECIFIC AREAS OF LEGISLATIVE INTEREST, AND THE NATURE AND EXTENT OF ANY DIRECT BUSINESS ASSOCIATION OR PARTNERSHIP WITH ANY CURRENT MEMBER OF THE BOARD OF COUNTY COMMISSIONERS, COUNTY STAFF, OR PERSON SITTING ON A DECISION-MAKING BODY UNDER THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS WITH THE PRINCIPAL.

(1) NAME Just Like Family Concierge Medical Transport LLC  
ADDRESS 1061 Collier Center Way Suite #1, Naples FL 34110  
AREAS OF LEGISLATIVE INTEREST: ASSOCIATION WITH COMMISSIONERS, COUNTY STAFF OR MEMBERS OF DECISION-MAKING BODIES UNDER THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS.  
COPEN application

(2) NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
AREAS OF LEGISLATIVE INTEREST: ASSOCIATION WITH COMMISSIONERS, COUNTY STAFF OR MEMBERS OF DECISION-MAKING BODIES UNDER THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS.

(3) NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
AREAS OF LEGISLATIVE INTEREST: ASSOCIATION WITH COMMISSIONERS, COUNTY STAFF OR MEMBERS OF DECISION-MAKING BODIES UNDER THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS.

(4) NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
AREAS OF LEGISLATIVE INTEREST: ASSOCIATION WITH COMMISSIONERS, COUNTY STAFF OR MEMBERS OF DECISION-MAKING BODIES UNDER THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS.

(USE ADDITIONAL PAGES IF NECESSARY)

STATE OF FLORIDA  
COUNTY OF ~~Lee~~ Collier

I HEREBY CERTIFY that the statements made above are true and accurate. I further certify and acknowledge that I understand that it is my responsibility to file my annual and quarterly statements and that I will not be notified by the Clerk's Office of my failure to do so.

DATED this 6 day of Sept, 2019  
[Signature] B Cohen  
LOBBYIST

NOTE: This document must be witnessed by either the Deputy Clerk or a Notary Public.

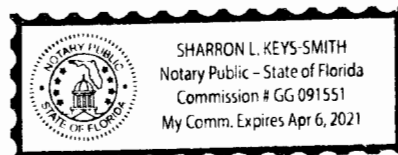
WITNESSED:

The foregoing instrument was signed and acknowledged before me  
this 6 day of Sept, 2019  
who produced the following as identification Dr Licens P

Deputy Clerk

or is personally known to me, and who did/did not take an oath [Stamp or Seal]

[Signature]  
[Signature of Notary]  
Sharron Keys Smith  
[Typed or Printed Name of Notary]



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MINUTES OFFICE