

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **600095** (4)

1. Corporation Name
DR. NORMAN NASH, P.A.



Principal Place of Business Mailing Address
**2140 W 68 STR
HIALEAH FL 33016
US** **13669 DEERING BAY DR
MIAMI FL 33158
US**

3. Date Incorporated or Qualified 01/02/1962	3a. Date of Last Report 02/02/1995
4. FEI Number 59-0946228	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**NASH, BARBARA
13669 DEERING BAY DR
MIAMI FL 33158**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of predecessor agent and date of application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME: PD NASH, DR NORMAN	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 13669 DEERING BAY DRIVE	1.2 NAME
CITY-ST-ZIP: MIAMI FL	1.3 STREET ADDRESS
TITLE: VDST	1.4 CITY-ST-ZIP
NAME: NASH, BARBARA	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 13669 DEERING BAY DR	2.2 NAME
CITY-ST-ZIP: MIAMI FL	2.3 STREET ADDRESS
TITLE: <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP
NAME: <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> DELETE	3.2 NAME
CITY-ST-ZIP: <input type="checkbox"/> DELETE	3.3 STREET ADDRESS
TITLE: <input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
NAME: <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> DELETE	4.2 NAME
CITY-ST-ZIP: <input type="checkbox"/> DELETE	4.3 STREET ADDRESS
TITLE: <input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
NAME: <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> DELETE	5.2 NAME
CITY-ST-ZIP: <input type="checkbox"/> DELETE	5.3 STREET ADDRESS
TITLE: <input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
NAME: <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> DELETE	6.2 NAME
CITY-ST-ZIP: <input type="checkbox"/> DELETE	6.3 STREET ADDRESS
	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dr. Norman Nash, P.A.* **Norman Nash**

1/23/96 (305) 235-5030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)