


**2006 FOR PROFIT CORPORATION-
ANNUAL REPORT**

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90011 006 ***150.00

DOCUMENT # 600095 1. Entity Name DR. NORMAN NASH, P.A.	
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Principal Place of Business 13550 SW 88 STREET SUITE 230 MIAMI, FL 33186 US	Mailing Address 13669 DEERING BAY DR MIAMI, FL 33158 US
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DO NOT WRITE IN THIS SPACE

01242006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0946228	59-0946828	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NASH, BARBARA
13669 DEE RING BAY DR
MIAMI, FL 33158

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NASH, DR NORMAN 13669 DEERING BAY DRIVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDST NASH, BARBARA 13669 DEERING BAY DR MIAMI, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara Nash* BARBARA NASH x 2/08/06 (305) 383-2151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #