

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 600095

**FILED  
Jan 14, 2009  
Secretary of State**

**Entity Name:** DR. NORMAN NASH, P.A.

**Current Principal Place of Business:**

13550 SW 88 STREET  
SUITE 230  
MIAMI, FL 33186 US

**New Principal Place of Business:**

**Current Mailing Address:**

13669 DEERING BAY DR  
MIAMI, FL 33158 US

**New Mailing Address:**

**FEI Number:** 59-0946828      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

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

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: NASH, DR NORMAN,  
Address: 13669 DEERING BAY DRIVE  
City-St-Zip: MIAMI, FL

Title: VDST ( ) Delete  
Name: NASH, BARBARA  
Address: 13669 DEERING BAY DR  
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DR. NORMAN NASH

PD

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date