

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # G42351
 1. Entity Name
DR. NANCY KIRSNER, PH.D., P.A.



Principal Place of Business: **OAK PLAZA PROFESSIONAL CENTER, 8525 S.W. 92 STREET, STE. A-3, MIAMI FL 33156**
 Mailing Address: **OAK PLAZA PROFESSIONAL CENTER, 8525 S.W. 92 STREET, STE. A-3, MIAMI FL 33156**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number: **59-2326057** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Name and Address of Current Registered Agent: **KIRSNER, NANCY PH.D., OAK PLAZA PROFESSIONAL CENTER, 8525 S.W. 92 STREET, STE. A-3, MIAMI FL 33156**
 7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, **FL**, Zip Code

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State
 9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIRSNER, NANCY PH.D. 8525 S.W. 92 ST., STE. A-3 MIAMI FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000035895 02/06/04-80035-022 150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Dr. Nancy Kirsner, Ph.D., P.A. **1/22/04** **(305) 274 8283**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #