## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Jan 31, 2006 08:00 AM **DOCUMENT # G42351 Secretary of State** 1. Entity Name DR. NANCY KIRSNER, PH.D., P.A. Principal Place of Business Mailing Address OAK PLAZA PROFESSIONAL CENTER 8525 S.W. 92 STREET, STE. A-3 MIAMI FL 33156 OAK PLAZA PROFESSIONAL CENTER 8525 S.W. 92 STREET, STE. A-3 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State City & State Applied For 4. FEI Number 59-2326057 Not Applicat Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KIRSNER, NANCY PH.D. Street Address (P.O. Box Number is Not Acceptable) OAK PLAZA PROFESSIONAL CENTER 8525 S.W. 92 STREET, STE. A-3 **MIAMI FL 33156** 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 access the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May 5. After May 1, 2006 Fee Will Be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DR. TITLE ☐ Delete ☐ Change Addition NAME KIRSNER, NANCY PH.D. MAME U000000411095 STREET ADDRESS 8525 S.W. 92 ST., STE. A-3 STREET ADDRESS 02/09/06-80062-010 150.00 CITY-ST-ZIP MIAMI FL 33156 CITY-ST-ZIP IIITE ☐ Detete Change Adding THILE NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIE CITY-ST-ZIP TITLE Delete □ #1 \*\*\*\* TILLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Ademi TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP TITLE ☐ Delete THE ☐ Change □ µ.\* "" NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 cath, 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.

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