


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G42351</b>			
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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2326057		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



1st MOORE CR2E034 (10/07)

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	
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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: Dr. Nancy Kirsner, Ph.D., TEP DATE: 1/28/08

Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent or state required when changing.)

<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2008 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b></p>	<p>9. Election Campaign Financing          Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. 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
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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 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. DATE: 1/28/08 (305) 274 8283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR