

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G42351

FILED  
Feb 22, 2011  
Secretary of State

**Entity Name:** DR. NANCY KIRSNER, PH.D., P.A.

**Current Principal Place of Business:**

OAK PLAZA PROFESSIONAL CENTER  
8525 S.W. 92 STREET, STE. A-3  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

OAK PLAZA PROFESSIONAL CENTER  
8525 S.W. 92 STREET, STE. A-3  
MIAMI, FL 33156

**New Mailing Address:**

**FEI Number:** 59-2326057      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**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 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

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: KIRSNER, NANCY PH.D.  
Address: 8525 S.W. 92 ST., STE. A-3  
City-St-Zip: MIAMI, FL 33156

I hereby 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 all other like empowered.

SIGNATURE: DR. NANCY KIRSNER

PD

02/22/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date