

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90158 028 ***150.00

DOCUMENT # G42351

1. Entity Name
DR. NANCY KIRSNER - CANTO, 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**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2326057**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KIRSNER, NANCY PH.D.
OAK PLAZA PROFESSIONAL CENTER
8525 S.W. 92 STREET, STE. A-3
MIAMI FL 33156**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption as indicated on this report or supplemental report is true and accurate and that my signature shall of the corporation or the receiver or trustee empowered to execute this report as required by C changed, or on an attachment with an address, with all other like empowered.

DR. NANCY KIRSNER, PH.D., P.A.
Oak Plaza Professional Center
8525 S.W. 92 Street
Suite A-3
Miami, Florida 33156

I further certify that the information bath; that I am an officer or director e appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)