

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2004 8:00 am**  
**Secretary of State**

01-21-2004 90008 045 \*\*\*150.00

**DOCUMENT # K98936**

1. Entity Name  
**NANCY M. REIERSON, M.D., P.A.**



Principal Place of Business  
**2601 S BAYSHORE DRIVE  
19TH FLOOR  
COCONUT GROVE, FL 33133 US**

Mailing Address  
**2601 S BAYSHORE DRIVE  
19TH FLOOR  
COCONUT GROVE, FL 33133 US**

2. Principal Place of Business  
**2675 S. Bayshore Drive**  
Suite, Apt. #, etc.

3. Mailing Address  
**2675 S. Bayshore Drive**  
Suite, Apt. #, etc.

City & State  
**Miami, FL 33133**  
Zip Country

City & State  
**Miami, FL 33133**  
Zip Country

01162004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0129257**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**REIERSON, NANCY M MD  
1150 CAMPO SANO AVENUE  
2ND FLOOR  
CORAL GABLES, FL 33146**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**c/o Freeman, Dawson & Rosenbaum**  
**2675 S. Bayshore Drive**  
City **Miami, FL** Zip Code **33133**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD  
REIERSON, NANCY M.  
1150 CAMPO SANO AVE.  
CORAL GABLES, FL 33146**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

**P.O. Box 330157  
Miami, Florida 33233**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 errors corrected.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

**1-19-04 305 6692246**