

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G42351

**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

**Current Mailing Address:**

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

**FEI Number:** 59-2326057

**Certificate of Status Desired:** No

**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

*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

**Officer/Director Detail :**

Title DR.  
Name KIRSNER, NANCY PH.D.  
Address 8525 S.W. 92 ST., STE. A-3  
City-State-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:** NANCY KIRSNER

DR.

04/21/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date