

2020 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

OWNER

06/29/2020

Electronic Signature of Signing Officer/Director Detail

Date