

**2024 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. 92ND STREET STE. A-3  
MIAMI, FL 33156

**Current Mailing Address:**

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

**FEI Number:** 59-2326057

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KIRSNER, NANCY PHD  
OAK PLAZA PROFESSIONAL CENTER  
8525 S.W. 92ND 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:** NANCY KIRSNER

03/26/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DR.  
Name KIRSNER, NANCY PHD  
Address OAK PLAZA PROFESSIONAL CENTER  
8525 S.W. 92ND STREET 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

03/26/2024

Electronic Signature of Signing Officer/Director Detail

Date