

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000158381

**Entity Name:** NORA GINDI-REED O.D., P.A.

**Current Principal Place of Business:**

1831 N. BELCHER ROAD  
B-2  
CLEARWATER, FL 33765

**FILED**  
**May 01, 2015**  
**Secretary of State**  
**CC6166248378**

**Current Mailing Address:**

1831 N. BELCHER ROAD  
B-2  
CLEARWATER, FL 33765 US

**FEI Number: 59-2650349**

**Certificate of Status Desired: No**

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

GINDI-REED, NORA  
1831 N. BELCHER ROAD  
B-2  
CLEARWATER, FL 33765 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 GINDI-REED, NORA  
Address 1831 N. BELCHER ROAD B-2  
City-State-Zip: CLEARWATER FL 33765

Title DR.  
Name GINDI-REED, NORA  
Address 1831 N. BELCHER RD B-2  
City-State-Zip: CLEARWATER FL 33765

Title DR.  
Name GINDI-REED, NORA  
Address 1831 N. BELCHER RD B-2  
City-State-Zip: CLEARWATER FL 33765

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City-State-Zip: CLEARWATER FL 33765

Title DR.  
Name GINDI-REED, NORA  
Address 1831 N. BELCHER RD B-2  
City-State-Zip: CLEARWATER FL 33765

Title DR.  
Name GINDI-REED, NORA  
Address 1831 N. BELCHER RD B-2  
City-State-Zip: CLEARWATER FL 33765

*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: NORA GINDI-REED**

**PRESIDENT**

**05/01/2015**

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

\_\_\_\_\_  
Date