

**2006 FOR PROFIT CORPORATION-
ANNUAL REPORT**

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90011 006 ***150.00

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1. Entity Name
DR. NORMAN NASH, P.A.



Principal Place of Business

13550 SW 88 STREET
SUITE 230
MIAMI, FL 33186 US

Mailing Address

13669 DEERING BAY DR
MIAMI, FL 33158 US

60021163



01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-0946228** Applied For
59-0946228 Not Applicable

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

6. Name and Address of Current Registered Agent

NASH, BARBARA
13669 DEE RING BAY DR
MIAMI, FL 33158

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NASH, DR NORMAN
STREET ADDRESS	13669 DEERING BAY DRIVE
CITY-ST-ZIP	MIAMI, FL
TITLE	VDST
NAME	NASH, BARBARA
STREET ADDRESS	13669 DEERING BAY DR
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowered.

SIGNATURE:

Barbara Nash
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA NASH

Date

Daytime Phone #

2/08/06 383-2151
(305)