

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90025 047 ***150.00

DOCUMENT # 600258 1. Entity Name SEYMOUR C. NASH, M.D., P.A.			
Principal Place of Business 4302 ALTON ROAD MIAMI BEACH, FL 33140		Mailing Address 4302 ALTON ROAD MIAMI BEACH, FL 33140	
DO NOT WRITE IN THIS SPACE		40038528 	
		01212008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-1152744 Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent NASH, SEYMOUR C 4302 ALTON RD MIAMI BEACH, FL 33140		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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PD NASH, SEYMOUR C 4302 ALTON RD MIAMI BEACH, FL	
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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: <i>Seymour C Nash</i>		Date: <i>3/1/08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	