

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000064056

Entity Name: NINA M. HARE D.O. P.A.

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2631 SE LAKE WEIR RD  
OCALA, FL 34471

**New Principal Place of Business:**

2631 SE LAKE WEIR RD.  
OCALA, FL 34471

**Current Mailing Address:**

2631 SE LAKE WEIR RD  
OCALA, FL 34471

**New Mailing Address:**

FEI Number: 03-0458936

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HARE, NINA M  
2631 SE LAKE WEIR RD  
OCALA, FL 34471 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D.O.  
Name: HARE, NINA M  
Address: 2631 SE LAKE WEIR RD  
City-St-Zip: Ocala, FL 34471

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: NINA M. HARE

PRES

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date