

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2007 8:00 am**  
**Secretary of State**

07-09-2007 90046 032 \*\*\*150.00

DOCUMENT # P05000158381



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

Principal Place of Business  
2235 NURSERY ROAD  
CLEARWATER, FL 33764

Mailing Address  
2235 NURSERY ROAD  
CLEARWATER, FL 33764

40123469



2. Principal Place of Business - No P.O. Box #

505 Belcher Rd

Suite, Apt. #, etc.

Suite 120

City & State  
Clearwater FL

Zip  
33765-3903

Country

3. Mailing Address

505 Belcher Rd

Suite, Apt. #, etc.

Suite 120

City & State  
Clearwater FL

Zip  
33765-3903

Country

06082007

Chg-P

CR2E034 (12/06)

4. FEI Number

APPLIED FOR 592650349

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GINDI-REED, NORA  
2235 NURSERY ROAD  
CLEARWATER, FL 33764

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Dr. Nari Gindi-Reed

7/5/07

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME  
P GINDI-REED, NORA  
STREET ADDRESS  
2235 NURSERY ROAD  
CITY-ST-ZIP  
CLEARWATER, FL 34764 ☐ Delete

TITLE NAME  
Delete ☐

TITLE NAME  
Delete ☐

TITLE NAME  
Delete ☐

TITLE NAME  
Delete ☐

TITLE NAME  
Delete ☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  
P 505 Belcher Rd Suite 120  
STREET ADDRESS  
Clearwater, FL 33765-3903 ☒ Change ☐ Addition

TITLE NAME  
Delete ☐ Change ☐ Addition

TITLE NAME  
Delete ☐ Change ☐ Addition

TITLE NAME  
Delete ☐ Change ☐ Addition

TITLE NAME  
Delete ☐ Change ☐ Addition

TITLE NAME  
Delete ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/07

Date

727 531-6956

Daytime Phone #

ATTACHMENT 40123469  
The OPTOMETRIC FAMILY PRACTICE of  
**DR. NORA GINDI-REED**

VISION THERAPY • EYE EXAMS • CONTACT LENSES • LOW VISION

2235 Nursery Road • Clearwater, Florida 33764 • (727) 531-6956 • Fax (727) 531-4518

Email [dmora@tampabay.rr.com](mailto:dmora@tampabay.rr.com)

May 3, 2007

Division Of Corporations  
Annual Report

Tracking Number 700101403857

Document Number P05000158381

I am sending in my form by mail because I was unable to process my annual report on the web site with out including the \$400.00 late charge fee.

I was unable to access the web site do to over usage during the Days of April 26<sup>th</sup> thru May 1<sup>st</sup>. I would like consideration given to me regarding this fact and hope that I will not be the only one sending in this complaint.

Sincerely yours,  
Dr. Nora Gindi-Reed