

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000082450

**Entity Name:** HARVAN NAHMIAS, M.D., P.A.

**FILED**  
Jun 29, 2010  
**Secretary of State**

**Current Principal Place of Business:**

2929 UNIVERSITY DR.  
SUITE 205  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

2929 UNIVERSITY DR.  
SUITE 205  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

FEI Number: 65-0461890      FEI Number Applied For (  )      FEI Number Not Applicable (  )      Certificate of Status Desired (  )

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

NAHMIAS, HARVAN  
2929 UNIVERSITY DR #205  
CORAL SPRINGS, FL 33065    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  
Name: NAHMIAS, HARVAN MD  
Address: 2929 UNIVERSITY DR., SUITE 205  
City-St-Zip: CORAL SPRINGS, FL 33071

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: HARVAN NAHMIAS

PRES

06/29/2010

Electronic Signature of Signing Officer or Director

Date