

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000117156

**Entity Name:** TATIANA NAGIBINA, M.D., P.A.

**Current Principal Place of Business:**

644 ISLAND WAY APT 701  
CLEARWATER, FL 33767

**Current Mailing Address:**

644 ISLAND WAY APT 701  
CLEARWATER, FL 33767

**FEI Number:** 20-1480450

**Certificate of Status Desired:** No

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

NAGIBINA, TATIANA MD  
644 ISLAND WAY APT 701  
CLEARWATER, FL 33767 US

*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

**Officer/Director Detail :**

Title MD  
Name NAGIBINA, TATIANA  
Address 644 ISLAND WAY APT 701  
City-State-Zip: CLEARWATER FL 33767

*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:** TATIANA NAGIBINA

**PRESIDENT**

**03/01/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date