2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2011
Secretary of State

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Entity Name: RICHARD F. WALKER, JR., M.D., NEPHROLOGY ASSOCIAIATES, P.A.

Current Principal Place of Business:

NEPHROLOGY ASSOC., P.A.
504 N.MACARTHUR AVE.
PANAMA CITY, FL 324013636

New Principal Place of Business:

Current Mailing Address:

NEPHROLOGY ASSOC., P.A.
504 N.MACARTHUR AVE.
PANAMA CITY, FL 324013636

New Mailing Address:

FEI Number: 59-1917658 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WALKER, RICHARD F., JR.
504 N.MACARTHUR AVE.
PANAMA CITY, FL 32401 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: PD
Name: WALKER, RICHARD F., JR.
Address: 320 BUNKERS COVE RD.
City-St-Zip: PANAMA CITY, FL 32401

Title: VP
Name: DEAN, SCOTT E.
Address: 3315 COUNTRY CLUB DRIVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: TREA
Name: MINGA, TODD E.
Address: 5207 FINISTERRE DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: SEC
Name: SINICROPE, RONALD A.
Address: 2915 WEST 30TH COURT
City-St-Zip: PANAMA CITY, FL 32405

Title: DIR
Name: COMPTON, SUSAN P.
Address: 4705 MILLSTONE TRAIL
City-St-Zip: LYNN HAVEN, FL 32444

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: RICHARD F. WALKER, JR. PRES 02/16/2011

Electronic Signature of Signing Officer or Director — Date