

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 628821

FILED
Feb 02, 2012
Secretary of State

Entity Name: RICHARD F. WALKER, JR., M.D., NEPHROLOGY ASSOCIATES, 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: 3025 KINGS HARBOUR ROAD
City-St-Zip: PANAMA CITY, FL 32405

Title: TREA
Name: MINGA, TODD E.
Address: P.O. BOX 27171
City-St-Zip: PANAMA CITY BEACH, FL 32411

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.

PD

02/02/2012

Electronic Signature of Signing Officer or Director

Date