

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G58661** (1)

1. Corporation Name

BREVARD NEPHROLOGY GROUP, P.A.

Principal Place of Business

% CHARLES K. WANICH, M.D.
375 SOUTH COURTENAY PKWY., UNIT 7
MERRITT ISLAND FL 32952

Mailing Address

% CHARLES K. WANICH, M.D.
375 SOUTH COURTENAY PKWY., UNIT 7
MERRITT ISLAND FL 32952



2. Principal Place of Business		2a. Mailing Address	
21	375 S. COURTENAY PKWY	26	375 S. COURTENAY PKWY
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	UNIT 7	27	UNIT 7
City & State		City & State	
23	MERRITT ISLAND, FL	28	MERRITT ISLAND, FL
24	Zip 32952	29	Zip 32952
Country USA		Country USA	

3. Date Incorporated or Qualified	3a. Date of Last Report
09/08/1983	04/07/1995
4. FEI Number	Applied For
59-2319823	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WANICH, CHARLES K.
375 SOUTH COURTENAY PARKWAY
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title, if applicable)

(If the Registered Agent signature is required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIRGIS, HANY I	1.2 NAME	
STREET ADDRESS	375 S COURTENAY PKWY.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND FL	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANICH, CHARLES K	2.2 NAME	
STREET ADDRESS	375 S. COURTENAY PARKWAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND FL 32952	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANICH, SUKON	3.2 NAME	
STREET ADDRESS	375 S COURTENAY PARKWAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(CHARLES K. WANICH)

4/10/96

407-453-5326

Date

Daytime Phone #

CR2E034 (12/95)