Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90108 038 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # G58661

1. Corporation Name

DOCYANI	D NEPHHOLOGI GROOP, F	•M•				
Principal Place of Business Mailing Address		Mailing Address	S		f 100filf bon Biret 10119 Bires Biret 1781 Bifter arant arant arant arant arant	*** ****
375 S COURTENAY PKWY #7		375 S COURTENAY BLVD.	375 \$ COURTENAY BLVD.			
MERRITT ISLAND FL 32952 UNIT 7		*···			DO NOT WRITE IN THIS SPACE	
US		MERRITT ISLAND FL 32952 US			3. Date Incorporated or Qualifed	
		•			09/08/1983	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied i	or
21 26		26			<b>59-23 19823</b> Not Appl	
Suite, Apt. #, etc. Suite, Apt.		Suite, Apt. #, etc.	, etc.		5. Certificate of Status Desired  \$8.75 Addition	
22 27			<del></del>		Fee Required	
City & State		City & State	<del></del>		6. Election Campaign Financing - \$5.00.May B Trust Fund Contribution Added to Fee	
Zip	Country	Zip	Country		This corporation owes the current year Intangible	
24	25	29 3	_ `		Personal Property Tax.	,
24	9. Name and Address of Current		<u>,                                     </u>		10. Name and Address of New Registered Agent	
			81	Name		
	ICH, CHARLES K.		82	Street A	Address (P.O. Box Number is Not Acceptable)	
375 SOUTH COURTENAY PARKWAY			L			
MER	RITT ISLAND FL 32952		83			
			84	City	FL 85 Zip Code	
11 Pursuant	to the provisions of Sections 607 0502	and 607,1508, Florida Statutes	, the above	e-named c	corporation submits this statement for the purpose of changing its regist	ered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligati	f Florida. Such change was auti	norized by	the corpor	oration's board of directors. I hereby accept the appointment as registere	€Ó
SIGNATURE						<u>`</u>
	Signature, typed or printed name of registered agent OFFICERS ANI		egistered Ager	it signature rec	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	112
12.	S OFFICERS AND	DELETE	1.1 TITLE	—Т		Addition
NAME	GIRGIS, HANY I		1.2 NAME			
STREET ADDRESS	375 S COURTENAY PKWY.		1.3 STREET	TADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL		1.4 CITY-S	T-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐	Addition
NAME	WANICH, CHARLES K		2.2 NAME	1		
STREET ADDRESS	s 375 S. COURTENAY PARKWAY 2		2.3 STREET	ADORESS		
CITY-ST-ZIP			2.4 CITY-5	T-ZIP		A ddittag
TITLE		☐ DELETE 3.1 TI		ĺ	Change	Addition
NAME			3 2 NAME			
STREET ADDRESS			3.3 STREET			
CITY-ST-ZIP				T-ZIP	Change	Addition
TITLE		_ ===		i		
NAME			4, 2 NAME 4,3 STREE	r Annoess		
STREET ADDRESS CITY-ST-ZIP			4.4 CITY-S			
TITLÉ		☐ DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	TADDRESS	•	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP .		
TITLE	<u> </u>	☐ DELETE	6.1 TITLE		☐ Change ☐	Addition
NAME			62 NAME			

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

6.3 STREET ADDRESS