

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K33574

FILED  
Jan 03, 2011  
Secretary of State

**Entity Name:** SOUTH FLORIDA NEPHROLOGY GROUP, P.A.

**Current Principal Place of Business:**

8130 ROYAL PALM BLVD  
STE. 102  
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

**Current Mailing Address:**

8130 ROYAL PALM BLVD  
STE. 102  
CORAL SPRINGS, FL 33065 US

**New Mailing Address:**

**FEI Number:** 65-0074501

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLOOMFIELD, RACHEL M DO  
8130 ROYAL PALM BLVD  
STE. 102  
CORAL SPRINGS, FL 33065 US

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

BLOOMFIELD, RACHAEL M DO  
8130 ROYAL PALM BLVD  
STE. 102  
CORAL SPRINGS, FL 33065 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: RACHAEL BLOOMFIELD DO

01/03/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTS  
Name: BLOOMFIELD, RACHAEL M  
Address: 2730 NE 29TH ST  
City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

Title: VD  
Name: CHAUDHRY, ASGHAR A  
Address: 8130 ROYAL PALM BLVD. SUITE 102  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: S  
Name: CARBONELL, JUAN A  
Address: 8130 ROYAL PALM BLVD. SUITE 102  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: S  
Name: GADH, RAJDEEP  
Address: 8130 ROYAL PALM BLVD. SUITE 102  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: AS  
Name: JACOB, RADU  
Address: 8130 ROYAL PALM BLVD. SUITE 102  
City-St-Zip: CORAL SPRINGS, FL 33065 US

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: ASGHAR CHAUDHRY MD

VD

01/03/2011

Electronic Signature of Signing Officer or Director

Date