## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K33574

FILED Jan 04, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

722 RIVERSIDE DRIVE

CORAL SPRINGS, FL 33071 US

Current Mailing Address: New Mailing Address:

722 RIVERSIDE DRIVE

CORAL SPRINGS, FL 33071 US

FEI Number: 65-0074501 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BLOOMFIELD, RACHAEL M DO 8130 ROYAL PALM BLVD STE. 102

CORAL SPRINGS, FL 33065 US

BLOOMFIELD, RACHAEL M DO 722 RIVERSIDE DRIVE CORAL SPRINGS, FL 330717009 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: 01/04/2012

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: 722 RIVERSIDE DRIVE

City-St-Zip: CORAL SPRINGS, FL 330717009 US

Title: S

Name: CARBONELL, JUAN A Address: 722 RIVERSIDE DRIVE

City-St-Zip: CORAL SPRINGS, FL 330717009 US

Title:

Name: GADH, RAJDEEP Address: 722 RIVERSIDE DRIVE

City-St-Zip: CORAL SPRINGS, FL 330717009 US

Title: AS

Name: JACOB, RADU Address: 722 RIVERSIDE DRIVE

City-St-Zip: CORAL SPRINGS, FL 330717009 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 VD 01/04/2012