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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

NEPHROLOGY ASSOCIATES, P.A.

FILED Mar 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							.,		
% JACK WATERMAN 3375 BURNS RD. STE 203 PALM BCH GONS FL 33410		% JACK WATERMAN 3375 BURNS RD. STE 203 PALM BCH GDNS FL 33410			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
US US						10/14/1988	,u		
Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		AD	plied For	
21		26			65-0079259			t Applicable	
Suite, Apt.	W, etc.	Suite, Apt. #, etc.					\$8.75 /	Additional	
22		27			Certificate of Status Desired	<u>ل</u> ـا	Fee Re	pariup	
City & State)	City & State			6. Election Campaign Financing	_	\$5.00		
23		28			Trust Fund Contribution	Ц	Added (
Z ip	Country	Zip	\vdash	intry		8. This corporation owes or has			angible] No
24	25 25 Name and Address of Current	29 Agent	30	ι		Personal Property Tax due J 10. Name and Address of New			1 140
11/4		negistered Agent		81	Name	10. 110.00			
	ITERMAN, JACK 75 BURNS RD, STE 203						-1-1-1-X		
	LM BCH GARDENS FL 33410			82	Street Add	Address (P.O. Box Number is Not Acceptable)			
۲۸	LM BOTT GAMBERTS TE 35410			83					
				84	City			85 Zip (Code
				1 1	•		<u>FL</u>	. ' '	
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 pixted name of registered agent and title if approable (NOTE: Registered Agent signature required when reinstaling) DATE									
12.	OFFICERS AND		13.	_ <u>_</u>	<u>-</u>	ADDITIONS/CHANGES TO O	FFICERS AND	DIRECTOR	IS IN 12
TITLE	PT DELETE		1.1 TI	1.1 TITUE				Change	Addition
NAME	WATERMAN, JACK		1.2 N	AME					
STREET ADDRESS	3375 BURNS RD, STE 203			1.3 STREET ADDRESS			•		
CITY-ST-ZIP	PALM BCH GARDENS FL		1,40	1.4 CITY-ST-ZIP				T-1 -	T A A DIS
TITLE	VS	L_ DELETE	DELETE 2.1 T					Change	Addition
NAME	RAPPAPORT, KENNETH			2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					1
STREET ADDRESS	3375 BURNS RD, STE 203								į.
CITY-ST-ZIP	PALM BCH GARDENS FL	DELETE						Change	L. J. Addition
TOLE			3.1 TITLE					CT Original	L. 3 750 (101)
NAME			3.2 NAME 3.3 STREET ADDRESS		ADDRECC				
STREET ADORESS			3.4. CITY-ST-ZIP						<u> </u>
CITY-ST-ZIP TITLE				<u>artes</u> Itue	31-217			Change	Addition
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STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				aTY-S	ŀ				,
TOTLE		☐ DELETE	5.1 7				·-····	Change	Addition
NAME			5.2 N	AME					*
STREET ADDRESS			5.3 S	TREET	ADDRESS				
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TITLE		☐ DELETE	6.1 T	ITLE				☐ Change	Addition
NAME			6.2 N	IAME	İ				
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1 44 Iboroby	postitu that the information cumpled w	th this blue done not buglifu.	IOV THE AY	മസസ	mon etaled i	n section 119 076300. Fiorida Statut	as Liutider C	BILLIY KUBU KUE	sanorinadori I

indicated on this annual report or supplemental annual report is the 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 employered 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.