

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P95000046109 (1)**

1. Corporation Name  
**NEPHROLOGY, P.A.**



Principal Place of Business: **4204 N MACDILL AVE TAMPA FL 33607**  
Mailing Address: **4204 N MACDILL AVE TAMPA FL 33607**

2. Principal Place of Business: **21** Suite: Apt. #, etc. **22** City & State: **23** Zip: **24** Country: **25**  
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State: **28** Zip: **29** Country: **30**

3. Date Incorporated or Qualified: **06/09/1995**  
3a. Date of Last Report:   
4. FLTN Number: **59 244 9092**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contributor:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**CASTILLO, ORLANDO J  
4204 N MACDILL AVE  
TAMPA FL 33607**

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 607.1908, 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> DELETE	<b>D PICKERING, MICHAEL J MD 4204 N MACDILL AVE TAMPA FL 33607</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	<b>D CASTILLO, ORLANDO J MD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	<b>D CARVALLO, ALEJANDRO MD 4204 N MACDILL AVE TAMPA FL 33607</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	<b>D SHAH, JAYESH MD 4204 N MACDILL AVE TAMPA FL 33607</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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**\*\*\*200.00**

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)(g), Florida Statutes. I further certify that the information included 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 registrant 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, "Change", or "Addition" in accordance with the instructions.

SIGNATURE: *Orlando J. Castillo MD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ORLANDO J. CASTILLO MD SECRETARY**

**4/2/96**  
**813-873-7479**  
Date Filed

CR2E034 (12/95)