

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000108631

FILED
May 02, 2008
Secretary of State

Entity Name: BREVARD NEPHROLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

245 S. COURTENAY PKWY
BLDG B
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

245 S. COURTENAY PKWY
BLDG B
MERRITT ISLAND, FL 32952

New Mailing Address:

FEI Number: 59-3512216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WANICH, CHARLES K
245 S. COURTENAY PKWY
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WANICH, CHARLES K M.D.
Address: 375 S. COURTENAY PARKWAY
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: GIRGIS, HANY I
Address: 375 S. COURTENAY PARKWAY, #7
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WANICH, CHARLES K M.D.
Address: 245 S. COURTENAY PARKWAY
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D (X) Change () Addition
Name: GIRGIS, HANY I
Address: 245 S. COURTENAY PARKWAY, #7
City-St-Zip: MERRITT ISLAND, FL 32952

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHARLES K. WANCHI

D

05/02/2008

Electronic Signature of Signing Officer or Director

Date