2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000108631

Entity Name: BREVARD NEPHROLOGY ASSOCIATES, INC.

FILED Feb 03, 2012 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | | |
|---|---|---------------------------------|------------------------------------|---|--|
| 245 S. COURTENAY PKWY BLDG B | | | | | |
| MERRITT ISLAND, FL 32952 | | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| BLDG B | JRTENAY PKW SLAND, FL 32 | | | | |
| FEI Number: | 59-3512216 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of Cu | ırrent Registered Agent: | Name and Address of | Name and Address of New Registered Agent: | |
| 245 S. CÓL | CHARLES K JRTENAY PKW SLAND, FL 32 | | | | |
| The above in the State | | ubmits this statement for the p | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATUR | E: | | | | |
| | Electroni | c Signature of Registered Age | ent | Date | |
| OFFICERS | AND DIRECT | ORS: | | | |
| Title: Name: Address: City-St-Zip: | D WANICH, CHARI 245 S. COURTEI MERRITT ISLAN | NAY PARKWAY | | | |

Title:

GIRGIS, HANY I Name:

245 S. COURTENAY PARKWAY, #7 Address: MERRITT ISLAND, FL 32952 City-St-Zip:

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 required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES K WANICH D 02/03/2012