

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90132 013 ***150.00

DOCUMENT # P97000108631

1. Entity Name

BREVARD NEPHROLOGY ASSOCIATES, P.A.



Principal Place of Business

**375 S. COURTENAY PARKWAY, #7
MERRITT ISLAND FL 32952**

Mailing Address

**375 S. COURTENAY PARKWAY, #7
MERRITT ISLAND FL 32952**

2. Principal Place of Business

245 SOUTH COURTENAY PKWY

3. Mailing Address

245 SOUTH COURTENAY PKWY

Suite, Apt. #, etc.

BLDG. B

Suite, Apt. #, etc.

BLDG. B

City & State

MERRITT ISLAND, FL.

City & State

MERRITT ISLAND, FL.

Zip

32952

Country

USA

Zip

32952

Country

USA

4. FEI Number

59-3512216

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WANICH, CHARLES K

375 S. COURTENAY PKWY

#7

MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **WANICH, CHARLES K M.D.**
STREET ADDRESS **375 S. COURTENAY PARKWAY**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE **D** ☐ Delete
NAME **GIRGIS, HANY I**
STREET ADDRESS **375 S. COURTENAY PARKWAY, #7**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/10/03

321-453-5326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)