

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K33574

**Entity Name:** SOUTH FLORIDA NEPHROLOGY GROUP, P.A.**Current Principal Place of Business:**722 RIVERSIDE DRIVE  
CORAL SPRINGS, FL 33071**Current Mailing Address:**722 RIVERSIDE DRIVE  
CORAL SPRINGS, FL 33071 US**FEI Number:** 65-0074501**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BLOOMFIELD, RACHAEL MDO  
722 RIVERSIDE DRIVE  
CORAL SPRINGS, FL 33071-7009 US*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**Officer/Director Detail :**

Title	PTS
Name	BLOOMFIELD, RACHAEL M
Address	2730 NE 29TH ST
City-State-Zip:	LIGHTHOUSE POINT FL 33064

Title	S
Name	CARBONELL, JUAN A
Address	722 RIVERSIDE DRIVE
City-State-Zip:	CORAL SPRINGS FL 33071-7009

Title	AS
Name	JACOB, RADU
Address	722 RIVERSIDE DRIVE
City-State-Zip:	CORAL SPRINGS FL 33071-7009

Title	VD
Name	CHAUDHRY, ASGHAR A
Address	722 RIVERSIDE DRIVE
City-State-Zip:	CORAL SPRINGS FL 33071-7009

Title	S
Name	GADH, RAJDEEP
Address	722 RIVERSIDE DRIVE
City-State-Zip:	CORAL SPRINGS FL 33071-7009

Title	ASST. SECRETARY
Name	FERNANDEZ, VICTOR DR.
Address	722 RIVERSIDE DRIVE
City-State-Zip:	CORAL SPRINGS FL 33071

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

**SIGNATURE:** RACHAEL BLOOMFIELD**PRESIDENT****01/07/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date