

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K33574

FILED
Jan 12, 2017
Secretary of State
CC1984913084

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

Title S
Name CARBONELL, JUAN 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 AS
Name JACOB, RADU
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

PTS

01/12/2017

Electronic Signature of Signing Officer/Director Detail

Date