

2022 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:**CHAUDHRY, ASGHAR MD
7647 NW 127TH MANOR
PARKLAND, FL 33076 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	PRESIDENT
Name	CHAUDHRY, ASGHAR A
Address	722 RIVERSIDE DRIVE
City-State-Zip:	CORAL SPRINGS FL 33071-7009

Title	VP
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: RAJDEEP GADH

VP

04/28/2022

Electronic Signature of Signing Officer/Director Detail_____
Date