

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000010768

**Entity Name:** SOUTH FLORIDA NEPHROLOGY, P.A.

**Current Principal Place of Business:**

1150 N 35TH AVE.  
SUITE 465  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

1150 N 35TH AVE.  
SUITE 465  
HOLLYWOOD, FL 33021 US

**FEI Number:** 02-0671434

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FELUREN, MARK S. ESQ.  
200 E. BROWARD BOULEVARD  
SUITE 1110  
FORT LAUDERDALE, FL 33301 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:** MARK S. FELUREN

04/09/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name WEINER, NEIL J DR.  
Address 1150 N. 35 AVE.  
SUITE 465  
City-State-Zip: HOLLYWOOD FL 33021

*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:** NEIL J. WEINER

**PRES.**

04/09/2015

Electronic Signature of Signing Officer/Director Detail

Date