

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000108631

Entity Name: BREVARD NEPHROLOGY ASSOCIATES, INC.**Current Principal Place of Business:**245 S. COURTENAY PKWY
BLDG B
MERRITT ISLAND, FL 32952**Current Mailing Address:**245 S. COURTENAY PKWY
BLDG B
MERRITT ISLAND, FL 32952**FEI Number: 59-3512216****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WANICH, CHARLES K
245 S. COURTENAY PKWY
MERRITT ISLAND, FL 32952 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	D
Name	WANICH, CHARLES K M.D.
Address	245 S. COURTENAY PARKWAY
City-State-Zip:	MERRITT ISLAND FL 32952

Title	D
Name	GIRGIS, HANY I
Address	245 S. COURTENAY PARKWAY, #7
City-State-Zip:	MERRITT ISLAND FL 32952

Title	OFFICER
Name	WANICH, SUKON
Address	245 S. COURTENAY PKWY BLDG B
City-State-Zip:	MERRITT ISLAND FL 32952

Title	OFFICER
Name	CANLAS, ELLERY E
Address	245 S. COURTENAY PKWY BLDG B
City-State-Zip:	MERRITT ISLAND FL 32952

Title	OFFICER
Name	YASSA, SAMIR K
Address	245 S. COURTENAY PKWY BLDG B
City-State-Zip:	MERRITT ISLAND FL 32952

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: SUKON WANICH**OFFICER****03/01/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date