

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90055 023 ***150.00

DOCUMENT # 521520

1. Entity Name
NEPHROLOGY ASSOCIATES OF SARASOTA, P.A.



Principal Place of Business

1921 WALDENMERE STREET
SUITE 413
SARASOTA, FL 34239 US

Mailing Address

1921 WALDENMERE STREET
SUITE 413
SARASOTA, FL 34239 US

50032678



2. Principal Place of Business

1921 Waldemere St
Suite, Apt. #, etc.
Suite 413

3. Mailing Address

1921 Waldemere St
Suite, Apt. #, etc.
Suite 413

01112005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-1711112

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZENDEL, STEPHEN A MD
1921 WALDENMERE STREET
#413
SARASOTA, FL 34239

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1921 Waldemere St

Suite 413

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00.

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ZENDEL, STEPHEN A MD ☐ Delete
STREET ADDRESS 1921 WALDENMERE ST
CITY-ST-ZIP SARASOTA, FL 34239

TITLE V
NAME GHOSE, RANJAN P ☐ Delete
STREET ADDRESS 1921 WALDENMERE ST
CITY-ST-ZIP SARASOTA, FL 34239

TITLE S
NAME COVER, DOMENICK E MD ☐ Delete
STREET ADDRESS 1921 WALDENMERE ST
CITY-ST-ZIP SARASOTA, FL 34239

TITLE T
NAME WEBER, H ☐ Delete
STREET ADDRESS 1921 WALDENMERE ST
CITY-ST-ZIP SARASOTA, FL 34239

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1921 Waldemere St
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1921 Waldemere St
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1921 Waldemere St
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1921 Waldemere St
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN A. ZENDEL, PRES.

Date

Daytime Phone #

3/29/05

941-917-6585