


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90065 023 \*\*\*150.00

<b>DOCUMENT # 521520</b> 1. Entity Name <b>NEPHROLOGY ASSOCIATES OF SARASOTA, P.A.</b>					
Principal Place of Business <b>1921 WALDEMERE ST SUITE 413 SARASOTA, FL 34239 US</b>			Mailing Address <b>1921 WALDEMERE ST SUITE 413 SARASOTA, FL 34239 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>ZENDEL, STEPHEN A MD 1921 WALDEMERE STREET #413 SARASOTA, FL 34239</b>				7. Name and Address of New Registered Agent Name <b>Hernando Weber, MD</b> Street Address (P.O. Box Number is Not Acceptable)  <b>1921 Waldemere St #413</b> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34239</b>	
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 _____ DATE <b>1/19/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZENDEL, STEPHEN A MD 1921 WALDEMERE ST SARASOTA, FL 34239	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hernando Weber, MD 1921 Waldemere St #413 Sarasota, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GHOSE, RANJAN P 1921 WALDEMERE ST SARASOTA, FL 34239	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Domenick E. Cover, MD 1921 Waldemere St #413 Sarasota, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COVER, DOMENICK E MD 1921 WALDEMERE ST SARASOTA, FL 34239	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ranjan P. Ghose, MD 1921 Waldemere St #413 Sarasota, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEBER, H 1921 WALDEMERE ST SARASOTA, FL 34239	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Steven W. Fineman, MD 1921 Waldemere St #413 Sarasota, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> _____ <b>1/19/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					