
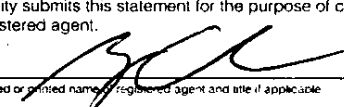
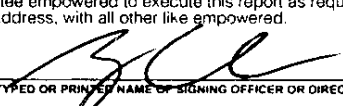


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90097 021 ***150.00

DOCUMENT # 521520 1. Entity Name NEPHROLOGY ASSOCIATES OF SARASOTA, P.A.					
Principal Place of Business 1921 WALDEMERE ST SUITE 413 SARASOTA, FL 34239 US			Mailing Address 1921 WALDEMERE ST SUITE 413 SARASOTA, FL 34239 US		
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				7. Name and Address of New Registered Agent	
ZENDEL STEPHEN A MD 1921 WALDEMERE STREET #413 SARASOTA, FL 34239				Name Ghose, Ranjan P mo Street Address (P.O. Box Number is Not Acceptable) 1921 Waldemere st Suite 413 City Sarasota FL Zip Code 34239	
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 1-9-08 <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	T PINEMAN, STEVEN W <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1921 WALDEMERE ST #413		NAME		
STREET ADDRESS	SARASOTA, FL 34239		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GHOSE, RANJAN P		NAME		
STREET ADDRESS	1921 WALDEMERE ST #413		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34239		CITY - ST - ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COVER, DOMENICK E MD		NAME		
STREET ADDRESS	1921 WALDEMERE ST #413		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34239		CITY - ST - ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEBER, HERNANDO MD		NAME		
STREET ADDRESS	1921 WALDEMERE ST #413		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34239		CITY - ST - ZIP		
TITLE	E <input type="checkbox"/> Delete		TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Sastry, Ashok mo	
STREET ADDRESS			STREET ADDRESS	1921 Waldemere st #413	
CITY - ST - ZIP			CITY - ST - ZIP	Sarasota, FL 34239	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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.					
SIGNATURE: 			1-9-08 941-917-6585 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					