2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2012
Secretary of State

DOCUMENT# 521520

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

Current Principal Place of Business:

1921 WALDEMERE ST
SUITE 413
SARASOTA, FL 34239 US

New Principal Place of Business:

Current Mailing Address:

1921 WALDEMERE ST
SUITE 413
SARASOTA, FL 34239 US

New Mailing Address:

FEI Number: 59-1711112 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GHOSE, RANJAN P MO
1921 WALDEMERE STREET
#413
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: FINEMAN, STEVEN W MD
Address: 1921 WALDEMERE ST #413
City-St-Zip: SARASOTA, FL 34239

Title: T
Name: GHOSE, RANJAN P MD
Address: 1921 WALDEMERE ST #413
City-St-Zip: SARASOTA, FL 34239

Title: V
Name: COVER, DOMENICK E MD
Address: 1921 WALDEMERE ST #413
City-St-Zip: SARASOTA, FL 34239

Title: P
Name: WEBER, HERNANDO MD
Address: 1921 WALDEMERE ST #413
City-St-Zip: SARASOTA, FL 34239

Title: C
Name: SASTRY, ASHOK D MD
Address: 1921 WALDEMERE ST #413
City-St-Zip: SARASOTA, FL 34239

Title: MGR
Name: CRAM, JULIE
Address: 1921 WALDEMERE ST
City-St-Zip: SARASOTA, FL 34239

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: RANJAN GHOSE, MD SEC 01/31/2012

Electronic Signature of Signing Officer or Director Date