


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 09 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 550689 (4)
 1. Corporation Name
THE NEPHROLOGY CENTER ASSOCIATES, P.A.



| | |
|---|---|
| Principal Place of Business 1717 N. "E" STREET SUITE 403 PENSACOLA FL 32605-6045 | Mailing Address 1717 N. "E" STREET SUITE 403 PENSACOLA FL 32605-6045 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 32501 | Country 25 |
| Zip 29 32501 | Country 30 |

| | | |
|---|--------------------------------|-------------------------------|
| 3. Date Incorporated or Qualified 11/01/1977 | 4. FEI Number 59-1783638 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent

SHEARLOCK, KEITH T
 1717 N. "E" STREET
 SUITE 403
 PENSACOLA FL 32501

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83 | |
| 84 City | |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Keith T. Shearlock, M.D., President** *KTS* x 2/3/98
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | SHEARLOCK, KEITH T | |
| STREET ADDRESS | 1717 N. "E" STREET #403 | |
| CITY-ST-ZIP | PENSACOLA FL | |
| TITLE | VSD | <input type="checkbox"/> DELETE |
| NAME | HARRIS, ROBERT H JR. | |
| STREET ADDRESS | 1717 NORTH "E" STREET, SUITE 403 | |
| CITY-ST-ZIP | PENSACOLA FL 32501 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *KTS* **Keith T. Shearlock, M.D., President** x 2/2/98 x 850 444-4777

CR2E034 (10/97)