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PPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 551662

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NORTH FLORIDA NEPHROLOGY ASSOCIATES CLARENCE W. APPLEGATE, M.D. GARY P. HANSEN, M.D., P.A.

Discipal Page of Auginess Mailing Address					
Principal Prace of Business		Mailing Address		. 120(0) 0(12: 5:10) 1100 0:10	trår atare blare Brast dibit Hiffe arate sabt.
1609 PHYSICIANS DR. TALLAHASSEE FL 32308		1609 PHYSICIANS DR. Tallahassee Fl. 32308-4620			
				3. Date Incorporated or Qualified	3a. Date of Last Report
				11/21/1977	02/13/1996
2. Principal Pl	ace of Business	2s. Mailing Address		4. FEI Number	Applied For
21		26		59-1778575	Not Applicable
Suite, Apt -	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2 City & State		City & State			Fee Required
	:	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23] Zip	Country	7 _{(p}	Country	This corporation has liability for	
24	25	29	30	Florida Statutes	Yes No
	9. Name and Address of Cu			10. Name and Address of New F	Registered Agent
APP	LEGATE, CLARENCE W., M	A.D.	81 Name		
	PHYSICIANS DR		82 Street Add	dress (P.O. Box Number is Not Accept	able)
TALLAHASSEE FL 32303					
			83		
			84 City		85 Zip Code
				FL S S S S S S S S S	
office or n	egistered agent or both, in the to infamiliar with and actiont the t	State of Florida, Such change was	authorized by the corpora	rporation submits this statement for the ation's board of directors. I hereby acc	cept the appointment as registered
	UU UNNUNNA	MMO			
SIGNATURE	con approxima	1770	Tt. Registered Agent signature requ		DATE
SIGNATURE	Signatur, tyring or printe maine Clegist in OFFICE RS	od agent and the ill applicable (NO SIAND DIRECTORS			FICERS AND DIRECTORS IN 12
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SIGNATURE:

Fam an officer or director of the c appears in Block 12 or Block 13 i