

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90077 012 ***150.00

DOCUMENT # 551662					
1. Entity Name NORTH FLORIDA NEPHROLOGY ASSOCIATES CLARENCE W. APPEGATE, M.D. GARY P. HANSEN, M.D., P.A.					
Principal Place of Business 1609 PHYSICIANS DR. TALLAHASSEE, FL 32308			Mailing Address 1609 PHYSICIANS DR. TALLAHASSEE, FL 32308		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1778575	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent APPEGATE, CLARENCE W., M.D. 1609 PHYSICIANS DR TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANSEN, GARY P 1609 PHYSICIANS DR. ATLANTA, GA 30308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gaboury, Cynthia L. 1609 Physicians Drive Tallahassee, FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DOLL, H A JR 1609 PHYSICIANS DR. TALLAHASSEE, FL 32308		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD APPEGATE, CW 1609 PHYSICIANS DR TALLAHASSEE, FL 32308		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, JOHN C 1609 PHYSICIANS DR TALLAHASSEE, FL 32308		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 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: <i>C. P. Hansen</i>			3/9/04 800-878-1171		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		