

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90130 033 ***150.00

DOCUMENT # 551662

1. Entity Name

**NORTH FLORIDA NEPHROLOGY ASSOCIATES CLARENCE W.
APPLEGATE, 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

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**APPLEGATE, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANSEN, GARY P 1609 PHYSICIANS DR. TALLAHASSEE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DOLL, H A JR 1609 PHYSICIANS DR. TALLAHASSEE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO Applegate, C.W. 1609 PHYSICIANS DR. TALLAHASSEE FL 32308	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Peterson, John C. 1609 PHYSICIANS DR. TALLAHASSEE FL 32308	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 empowerments.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/03 850-878-1171

CR2E034 (10/02)