

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 578236

FILED
Feb 25, 2011
Secretary of State

Entity Name: NEPHROLOGY ASSOCIATES OF SOUTH MIAMI, P.A.

Current Principal Place of Business:

9193 S W 72 ST
STE - 200
MIAMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

9193 S W 72 ST
STE - 200
MIAMI, FL 33173 US

New Mailing Address:

FEI Number: 59-1837768 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

EDGARDO L. PELLEGRINI
9193 S W 72 ST
STE - 200
MIAMI, FL 33173 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: PD
Name: PELLEGRINI, EDGARDO L.
Address: 8881 SW 68 AVENUE
City-St-Zip: MIAMI, FL 33176

Title: D
Name: BUSSE, JORGE C.
Address: 9375 S.W. 60 AVENUE
City-St-Zip: MIAMI, FL 33156

Title: D
Name: BARRETO, GASPAR A.
Address: 7334 N.W. 108 COURT
City-St-Zip: MIAMI, FL 33178

Title: D
Name: GOMEZ, EMILIO J.
Address: 9335 S.W. 72 AVENUE
City-St-Zip: MIAMI, FL 33156

Title: D
Name: TRESPALACIOS, FERNANDO C.
Address: 9210 S.W. 75 STREET
City-St-Zip: MIAMI, FL 33173

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: EDGARDO L. PELLEGRINI, MD

PD

02/25/2011

Electronic Signature of Signing Officer or Director

_____ Date