

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 583211		
1. Entity Name NEPHROLOGY AND INTERNAL MEDICINE ASSOCIATES, P.A.		

Principal Place of Business 500 SE OSCEOLA ST STUART, FL 34994	Mailing Address 500 SE OSCEOLA ST SUITE 200 STUART, FL 34994 US
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DO NOT WRITE IN THIS SPACE



02142005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1840776	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ULANO, HARVEY B.
2640 NW COLLINS COVE RD
STUART, FL 34994

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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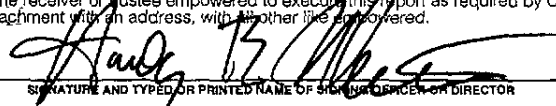
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ULANO, HARVEY 500 SE OSCEOLA ST STUART, FL 34994
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ULANO, HARVEY B 500 S.E. OSCEOLA ST STUART, FL 34994
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03/10/05-80043-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.

SIGNATURE:  3/7/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #