

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 28, 2008 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



01312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1840776	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000843173
03/11/08-80059-019 158.75

10. OFFICERS AND DIRECTORS

TITLE	PO
NAME	ULANO, HARVEY
STREET ADDRESS	500 SE OSCEOLA ST
CITY-ST-ZIP	STUART, FL 34994

TITLE	ST
NAME	ULANO, HARVEY B
STREET ADDRESS	500 S.E. OSCEOLA ST
CITY-ST-ZIP	STUART, FL 34994

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.26.08

Date

(772) 286-1555

Daytime Phone #