

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 583211

FILED
Feb 04, 2009
Secretary of State

Entity Name: NEPHROLOGY AND INTERNAL MEDICINE ASSOCIATES, P.A.

Current Principal Place of Business:

500 SE OSCEOLA ST
STUART, FL 34994

New Principal Place of Business:

500 SE OSCEOLA ST
SUITE 200
STUART, FL 34994

Current Mailing Address:

500 SE OSCEOLA ST
SUITE 200
STUART, FL 34994 US

New Mailing Address:

500 SE OSCEOLA ST
SUITE 200
STUART, FL 34994

FEI Number: 59-1840776

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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: HARVEY ULANO

02/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ULANO, HARVEY,
Address: 500 SE OSCEOLA ST
City-St-Zip: STUART, FL 34994

Title: ST () Delete
Name: ULANO, HARVEY B,
Address: 500 S.E. OSCEOLA ST
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ULANO, HARVEY
Address: 500 SE OSCEOLA ST
City-St-Zip: STUART, FL 34994

Title: ST (X) Change () Addition
Name: ULANO, HARVEY B
Address: 500 S.E. OSCEOLA ST
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HARVEY ULANO

PD

02/04/2009

Electronic Signature of Signing Officer or Director

Date