

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 624846**

1. Entity Name  
**SOUTH PALM BEACH NEPHROLOGY, P.A.**



Principal Place of Business  
**5503 S CONGRESS AVENUE  
SUITE 103  
ATLANTIS, FL 33462 US**

Mailing Address  
**5503 S CONGRESS AVENUE  
SUITE 103  
ATLANTIS, FL 33462 US**



02042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1917430**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BAILIN, JOSHUA  
5503 S CONGRESS AVENUE  
SUITE 103  
ATLANTIS, FL 33462**

**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**

**10. OFFICERS AND DIRECTORS**

TITLE V  
NAME ARRASCUE, JOSE F  
STREET ADDRESS 5503 S CONGRESS AVE SUITE 103  
CITY-ST-ZIP ATLANTIS, FL 33462

TITLE PD  
NAME BAILIN, JOSHUA  
STREET ADDRESS 5503 S CONGRESS AVE SUITE 103  
CITY-ST-ZIP ATLANTIS, FL 33462

TITLE T  
NAME HALPERT, DAVID  
STREET ADDRESS 5503 S CONGRESS AVE SUITE 103  
CITY-ST-ZIP ATLANTIS, FL 33462

TITLE D  
NAME FARIAS, MARCO  
STREET ADDRESS 5503 S CONGRESS AVE SUITE 103  
CITY-ST-ZIP ATLANTIS, FL 33462

TITLE D  
NAME GUZMAN, MARCO  
STREET ADDRESS 5503 S CONGRESS AVE SUITE 103  
CITY-ST-ZIP ATLANTIS, FL 33462

TITLE D  
NAME VALENZUELA, OSVALDO  
STREET ADDRESS 5503 S CONGRESS AVE SUITE 103  
CITY-ST-ZIP ATLANTIS, FL 33462

U00000858264  
04/01/08-80038-013 150.00

**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: *John Bailin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/6/08 Daytime Phone # \_\_\_\_\_