

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 624846

FILED
Apr 22, 2009
Secretary of State

Entity Name: SOUTH PALM BEACH NEPHROLOGY, P.A.

Current Principal Place of Business:

5503 S CONGRESS AVENUE
SUITE 103
ATLANTIS, FL 33462 US

New Principal Place of Business:

Current Mailing Address:

5503 S CONGRESS AVENUE
SUITE 103
ATLANTIS, FL 33462 US

New Mailing Address:

FEI Number: 59-1917430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: ARRASCUE, JOSE F
Address: 5503 S CONGRESS AVE SUITE 103
City-St-Zip: ATLANTIS, FL 33462

Title: PD () Delete
Name: BAILIN, JOSHUA
Address: 5503 S CONGRESS AVE SUITE 103
City-St-Zip: ATLANTIS, FL 33462

Title: T () Delete
Name: HALPERT, DAVID
Address: 5503 S CONGRESS AVE SUITE 103
City-St-Zip: ATLANTIS, FL 33462

Title: D () Delete
Name: FARIAS, MARCO
Address: 5503 S CONGRESS AVE SUITE 103
City-St-Zip: ATLANTIS, FL 33462

Title: D () Delete
Name: GUZMAN, MARCO
Address: 5503 S CONGRESS AVE SUITE 103
City-St-Zip: ATLANTIS, FL 33462

Title: D () Delete
Name: VALENZUELA, OSVALDO
Address: 5503 S CONGRESS AVE SUITE 103
City-St-Zip: ATLANTIS, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSHUA BAILIN

PD

04/22/2009

Electronic Signature of Signing Officer or Director

Date