

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09 1996 8:00 am
Secretary of State

DOCUMENT # F96250 (8)

1. Corporation Name

NORTH BROWARD NEPHROLOGIST ASSOCIATES, INC.



Principal Place of Business

1815 E COMMERCIAL BLVD
SUITE 306
FT. LAUDERDALE FL 33308

Mailing Address

1815 E COMMERCIAL BLVD
SUITE 306
FT. LAUDERDALE FL 33308

3. Date Incorporated or Qualified
08/20/1982

3a. Date of Last Report
04/19/1995

4. FEI Number

59-2220297

Applied For
☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOSS M.D., STEVEN H.
1815 E. COMMERCIAL BLVD., #106
FT. LAUDERDALE FL 33308

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and the applicable

(Signature, typed or printed name of registered agent and the applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

MOSS, STEVEN
1815 E.COMMERCIAL BLVD.
FT. LAUDERDALE, FL00000

STREET ADDRESS

CITY - ST - ZIP

TITLE

TD

☐ DELETE

NAME

CASARETTO, ALBERTO M.D.
616 ISLE OF PALMS
FT. LAUDERDALE, FL00000

STREET ADDRESS

CITY - ST - ZIP

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