

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H09803

FILED
Feb 08, 2008
Secretary of State

Entity Name: ASSOCIATES IN NEPHROLOGY, BUTCHER, CAANTHAN & DELANS, M.D., P.A.

Current Principal Place of Business:

7981 GLADIOLUS DRIVE
FT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

7981 GLADIOLUS DRIVE
FT MYERS, FL 33908

New Mailing Address:

FEI Number: 59-2412674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEVACAANTHAN, KANAGASABAI
7981 GLADIOLUS DRIVE
FT. MYERS, FL 33908 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: PRES () Delete
Name: DEVACAANTHAN, KANAGASABAI
Address: 7981 GLADIOLUS DRIVE
City-St-Zip: FT MYERS, FL 33908

Title: VP () Delete
Name: DELANS, RONALD J M.D.
Address: 7981 GLADIOLUS DRIVE
City-St-Zip: FT MYERS, FL 33908

Title: TREA () Delete
Name: VANSICKLER, JOEL T M.D.
Address: 7981 GLADIOLUS DRIVE
City-St-Zip: FT.. MYERS, FL 33908

Title: SEC () Delete
Name: MAGNO, MARY M MD
Address: 7981 GLADIOLUS DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: PD () Delete
Name: CONREY, JOHN E
Address: 7981 GLADIOLUS DRIVE
City-St-Zip: FT MYERS, FL 33908

Title: () Delete
Name:
Address:
City-St-Zip:

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: PD () Change (X) Addition
Name: LIBBEY, ROBERT E
Address: 7981 GLADIOLUS DRIVE
City-St-Zip: FORT MYERS, FL 33908

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: KANAGASABAI DEVACAANTHAN

PRES

02/08/2008

Electronic Signature of Signing Officer or Director

_____ Date