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

PROFIT CORPORATION ANNUAL REPORT



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

1996

1. Corporation Name

DOCUMENT # J16538

(7)

RIZZO-SIEDLECKI NEPHROLOGY ASSOCIATES, P.A.

Dringing Div	-10										
Principal Place of Business Mailing Address							r inniste nint tiftin Brifft Arfill i	ana ana mahit A	inii Ainii Ail	an atau Albii 1881	
1201 5TH AVENUE NORTH					•••						
n Principal S	Place of Business							 Date Incorporated or Qualified 05/28/1986 		te of Last)4/18/1	•
21 21		2a. 26	2a. Mailing Address					4. FEI Number 59-2692761		Ť	Applied For
Suite, Apt	. #, etc.		Suite, Apt. #, etc.								Not Applicable
City & State		27	City & State				5. Certificate of Status Desired			5 Additional Required	
23		28	Oity & State					6. Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees
Zip 24	Country 25	29	Zip	Cour 30	ntry	,		8. This corporation has liability fo		ax under	s 199.032,
	9. Name and Address of Curre	ent Regis	tered Agent	1901			1	Fiorida Statutes Ye 10. Name and Address of New	s No		
			·		81	Name		TO. Name and Address of New	Hegistered	Agent	
	GERALD J.			}	82			s (P.O. Box Number is Not Accepta	iblo)		
1201 FIFTH AVENUE NORTH SUITE 302											
ST. PET	TERSBURG FL 33705			ļ	83 84	City	<u>-</u> -			· · · · · · · · · · · · · · · · · · ·	
									FL		ip Code
or registe	to the provisions of Sections 607.050 red agent, or both, in the State of Flo ith, and accept the obligations of, Sec)2 and 607 rida. Such	7.1508, Florida Statu change was authoria	tes, the above	e-n	named coration's	corporations board of	on submits this statement for the purification of directors. Thereby accept the ani		anging its	registered office
		J.YOB HOIK	J505, Florida Statute:	S.				, salat () and () and () and ()	your trinoing the	1109/300/0	d agent. Fam
SIGNATURE	Signature, typed or printed name of registered agor	nt and title if a	nolicable	TE: Boolet word		recourse					
12.	OFFICERS AN			OTE: Registered A	yen	i signarure	required with		DATE		
TITLE	PD		DELETE	1 1]]]			T	ADDITIONS/CHANGES TO OF			
NAME	RIZZO, GERALD J.			1 2 NAN					ι	Change	Addition
STREET ADDRESS	1201 FIFTH AVENUE NORTH	1				address	1				
CITY - ST - ZIP	ST PETERSBURG FL						1				
TITLE	SD		DELETE	1.4 City 2 1 Titi		1 - ZIP	 				
NAMÉ	SIEDLECKI, MICHAEL									Change	☐ Addition
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NAME.			- Deterie	6. 1 TITL						Change	Addition
STREET ADDRESS				6.2 NAME		1					
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or man attachment with an address. SIGNATURE:

ME OF SIGNING OFFICER OF DIRECTOR

64 CHY-ST-ZIP

4 15 96 8138212388

FILED

Apr 18, 1996 08:00 AM

Secretary of State