

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J33401

FILED
Jul 30, 2004
Secretary of State

Entity Name: SOUTH BROWARD NEPHROLOGY & HYPERTENSION ASSOCIATES, P.A.

Current Principal Place of Business:

1150 NW 35TH AVENUE
SUITE 240
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

Current Mailing Address:

1150 N 35TH AVENUE
SUITE 240
HOLLYWOOD, FL 33021 US

New Mailing Address:

FEI Number: 59-2723638 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

VAN GELDER, JAMES P., M.D.
1150 N 35TH AVENUE
SUITE 240
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

JAMES P. VAN GELDER, M.D.
1150 N 35TH AVENUE
SUITE 240
HOLLYWOOD, FL 33021 US

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: JAMES P. VAN GELDER, M.D. 07/30/2004

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: VAN GELDER, JAMES P., MD
Address: 1150 N 35TH AVE., #240
City-St-Zip: HOLLYWOOD, FL

Title: VP () Delete
Name: SNYDER, SAMUEL D
Address: 1150 N 35 AVE 240
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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: JAMES P. VAN GELDER, M.D. DP 07/30/2004

Electronic Signature of Signing Officer or Director Date