2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 02, 2001 8:00 am Secretary of State **DÖCUMENT # K38935** NEPHROLOGY ASSOCIATES, P.A. 04-02-2001 90053 049 ***150.00 Principal Place of Business Mailing Address % JACK WATERMAN % JACK WATERMAN 3375 BURNS RD. STE 203 3375 BURNS RD. STE 203 PALM BCH GDNS FL 33410 PALM BCH GDNS FL 33410 HS 2. Principal Place of Business 3. Mailing Address 2543 BURNS 2543 BURKS RD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 65-0079259 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WATERMAN, JACK Street Address (P.O. Box Number is Not Acceptable) 25 43 BURNS Road 3375 BURNS RD, STE 203 PALM BCH GARDENS FL 33410 8. The above named entity submits this statement for the purpose of changing its registered office or registe/ed agent, or both, in the State of Florida FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CH2E034 (10/00) TITLE ☐ Delete WATERMAN, JACK NAME 2543 BURNS RD. Palm Bch. Gdns, Fl 334/0 Richarge 3375 BURNS RD, STE 203 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BCH GARDENS FL TITLE Delete TITLE RAPPAPORT, KENNETH NAME 2543 BURNS RD. STREET ADDRESS STREET ADDRESS 3375 BURNS RD, STE 203 PAlm Bch. Gdns, 7/ 33410 CITY-ST-ZIP CITY-ST-ZIP. PALM'BCH GARDENS FL TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.