

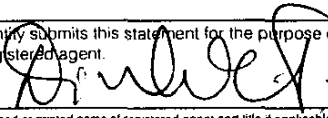
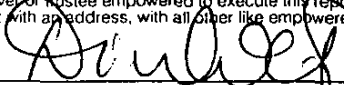


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90237 049 \*\*\*150.00

<b>DOCUMENT # K90131</b> 1. Entity Name <b>CLINIC FOR KIDNEY DISEASES, P.A.</b>					
Principal Place of Business <b>2585 HERSCHEL STREET JACKSONVILLE, FL 32204</b>			Mailing Address <b>2585 HERSCHEL STREET JACKSONVILLE, FL 32204</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-2954451</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>VAZ, ANTHONY J MD 2585 HERSCHEL STREET JACKSONVILLE, FL 32204</b>			7. Name and Address of New Registered Agent  Name Street <b>DINESH JAYADEVAPPA, MD</b> <b>CLINIC FOR KIDNEY DISEASES, PA</b> <b>2585 HERSCHEL ST</b> City <b>JACKSONVILLE, FL 32204</b> ip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DATE <b>4/28/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST VAZ, ANTHONY J <input checked="" type="checkbox"/> Delete 2585 HERSCHEL STREET JACKSONVILLE, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SHANTHARAM, V V <input checked="" type="checkbox"/> Delete 2585 HERSCHEL STREET JACKSONVILLE, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DINESH, JAYADEVAPPA MD <input type="checkbox"/> Delete 2585 HERSCHEL STREET JACKSONVILLE, FL 32204		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NILAY NAHAR, MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8343 HEDGEWOOD DR JACKSONVILLE, FL 32216	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRIJENDRA GUPTA, MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7676 CHIPWOOD LANE JACKSONVILLE, FL 32256	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  DATE <b>4/28/08</b> (904) 388-2678. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					