2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K90131

Entity Name: CLINIC FOR KIDNEY DISEASES, P.A.

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2585 HERSCHEL STREET JACKSONVILLE, FL 32204

Current Mailing Address: New Mailing Address:

2585 HERSCHEL STREET JACKSONVILLE, FL 32204

FEI Number: 59-2954451 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VAZ, ANTHONY J MD

2585 HERSCHEL STREET

JACKSONVILLE, FL 32204 US

JAYADEVAPPA, DINESH E MD

2585 HERSCHEL STREET

JACKSONVILLE, FL 32204 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: DINESH JAYADEVAPPA 04/20/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition DINESH, JAYADEVAPPA MD DINESH, JAYADEVAPPA MD Name: Name: 2585 HERSCHEL STREET 2585 HERSCHEL STREET Address: Address: City-St-Zip: JACKSONVILLE, FL 32204 City-St-Zip: JACKSONVILLE, FL 32204

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: DINESH JAYADEVAPPA MD 04/20/2009