

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# K90131

FILED
Aug 10, 2009
Secretary of State

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

Current Principal Place of Business:

2585 HERSCHEL STREET
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

2585 HERSCHEL STREET
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 59-2954451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAYADEVAPPA, DINESH E MD
2585 HERSCHEL STREET
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: MD () Change (X) Addition
Name: GUPTA, BRIJENDRA
Address: 2585 HERSCHEL STREET
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: MD () Change (X) Addition
Name: NAHAR, NILAY
Address: 2585 HERSCHEL STREET
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: MD () Change (X) Addition
Name: DE PAIVA, HELDER
Address: 2585 HERSCHEL STREET
City-St-Zip: JACKSONVILLE, FL 32204 US

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

08/10/2009

Electronic Signature of Signing Officer or Director

Date