

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K90131

FILED
Mar 14, 2011
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
Name: JAYADEVAPPA, DINESH MD
Address: 2585 HERSCHEL STREET
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: MD
Name: GUPTA, BRIJENDRA
Address: 2585 HERSCHEL STREET
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: MD
Name: NAHAR, NILAY
Address: 2585 HERSCHEL STREET
City-St-Zip: JACKSONVILLE, FL 32204 US

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

Title: MD
Name: AURE, SHAUN
Address: 2585 HERSCHEL STREET
City-St-Zip: JACKSONVILLE, FL 32204 US

I hereby 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 all other like empowered.

SIGNATURE: DINESH E JAYADEVAPPA

VP

03/14/2011

Electronic Signature of Signing Officer or Director

Date