PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # L00761



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 16, 1999 8:00 am Secretary of State 03-16-1999 90150 039 ***150.00

PALM BE	EACH NEPHROLOGY, P.A.									
Principal Place	e of Business	Mailing Ad	ldress				i 1844 der ant Antil Antil (Antil R	1191 HOT BIBLI	HER CICH BIRTH	iBet BIBIL JBBt
201 S MAIN S	ग	13005 STAT	TE RD 80				•			
PO BOX 837		SUITE 141				1	DO NOT WRI	TE IN THIS	SPACE	
BELLE GLADE FL 33430		LOXAHATCHEE FL 33470				-			JEAGE	
		US					 Date Incorporated or Qualifed 07/03/1989 			
2. Principal P	lace of Business	2a. Mailing	Address				4. FEI Number		Ар	plied For
1		26					65- 0131419			t Applicable
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.				5. Certificate of Status Desired		\$8.75 △	I
22		27							Fee Re	
City & State	e	City &	State				6. Election Campaign Financing		\$5.00	• 1
3		28					Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip		Coun	try		8. This corporation owes the curr	rent year Ini		
4	25	29		30		<u>i</u>	Personal Property Tax.	Di-toned	Yes	□No
	9. Name and Address of Current	Registered A	gent		31 Name		10. Name and Address of New	Kegistered	vaaiir	
NUM	VICKI, MARK J.				Name					
	GERHEAD PLAZA STE 302			Ī	Street A	Address	s (P.O. Box Number is Not Accept	able)		•
	SUS HWY 1				2			 		
	O BCH FL 33408			'	33					
JOH	O BON FL 33406			1	34 City		. <u></u>	FL	85 Zip (Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such	i change was ai	utnorizea i	by the corpo	pration's	s board of directors. I hereby acce	pt the appo	intment as req	gistered
SIGNATURE								BATE		
	Signature, typed or printed name of registered agent		. (NOTE	: Registered A	gent signature re	tw beniupe		DATE EICERS AT	ND DIRECTO	·
12.	OFFICERS ANI		o. (NOTE	: Registered A	gent signature re	w beniupe	hen reinstating) ADDITIONS/CHANGES TO OF			RS IN 12
12. TITLE	OFFICERS AND		. (NOTE	: Registered A	gent signature re	w beniupe			ND DIRECTO	
12. TITLE NAME	PST RAMACHANDRAN, M.		o. (NOTE	13. 1.1 TITL 1.2 NAW	gent signature re	tw beniupe				
12. TITLE NAME STREET ADDRESS	PST RAMACHANDRAN, M. 13005 STATE RD		o. (NOTE	: Registered A 13. 1.1 TITL 1.2 NAW 1.3 STR	gent signature re E E EET ADDRESS	tw beniupe				
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

10/99 (581) 798-4600