

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90071 007 \*\*\*150.00

**DOCUMENT # L00761**

1. Entity Name  
**PALM BEACH NEPHROLOGY, P.A.**



Principal Place of Business

**13005 STATE RD 80  
SUITE 141  
LOXAHATCHEE, FL 33470**

Mailing Address

**13005 STATE RD 80  
SUITE 141  
LOXAHATCHEE, FL 33470 US**

**40014344**



01292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0131419**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NOWICKI, MARK J.  
LOGGERHEAD PLAZA STE ~~302~~ 210  
~~1455 US HWY 1~~ 14155 U.S. HWY 1  
JUNO BCH, FL 33408**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST RAMACHANDRAN, M. 13005 STATE RD LOXAHATCHEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMACHANDRAN, M. 13005 STATE RD 80., SUITE 141 LOXAHATCHEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SILVERSTEIN, FREYA J. M.D 13005 STATE RD 80 SUITE 141 LOXAHATCHEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/05 (521)  
798-4606  
Date Daytime Phone #