


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90031 017 ***150.00

DOCUMENT # L00761 1. Entity Name PALM BEACH NEPHROLOGY, P.A.	
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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
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02222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0131419	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

NOWICKI, MARK J.
LOGGERHEAD PLAZA STE 210 480 Maplewood Drive
14155 UNITED STATES HIGHWAY 1 Suite 2
JUNO BCH, FL 33408
Jupiter FL 33458-5845

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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 exemptions contained 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 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:  3/1/06 (561)798-4602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #