

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L00761

FILED
Apr 03, 2010
Secretary of State

Entity Name: PALM BEACH NEPHROLOGY, P.A.

Current Principal Place of Business:

13005 STATE RD 80
SUITE 141
LOXAHATCHEE, FL 33470

New Principal Place of Business:

13005 STATE RD 80
SUITE 141
LOXAHATCHEE, FL 33470 US

Current Mailing Address:

13005 STATE RD 80
SUITE 141
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 65-0131419 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOWICKI, MARK J.
480 MAPLEWOOD DRIVE SUITE 2
JUPITER, FL 33458 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST
Name: RAMACHANDRAN, M.
Address: 13005 STATE RD SUITE#141
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: D
Name: RAMACHANDRAN, M.
Address: 13005 STATE RD 80., SUITE 141
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: VP
Name: SILVERSTEIN, FREYA J. M.D
Address: 13005 STATE RD 80 SUITE 141
City-St-Zip: LOXAHATCHEE, FL 33470 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: M. RAMACHANDRAN

D

04/03/2010

Electronic Signature of Signing Officer or Director

Date