

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90245 003 ***150.00

DOCUMENT # L00761

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



Principal Place of Business
**929 S.E. 1ST STREET
PO BOX 837
BELLE GLADE FL 33430**

Mailing Address
**13005 STATE RD 80
SUITE 141
LOXAHATCHEE FL 33470
US**

2. Principal Place of Business
13005 State Rd 80
Suite, Apt. #, etc.
Suite 141

3. Mailing Address
Suite, Apt. #, etc.

City & State
LOXAHATCHEE

City & State

4. FEI Number **65-0131419**

Applied For
Not Applicable

Zip **Fl 33470** Country **Palm Beach**

Zip Country

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NOWICKI, MARK J.
LOGGERHEAD PLAZA STE 302
1155 US HWY 1
JUNO BCH FL 33408**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☐ Delete
NAME **RAMACHANDRAN, M.**
STREET ADDRESS **13005 STATE RD**
CITY-ST-ZIP **LOXAHATCHEE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **RAMACHANDRAN, M.**
STREET ADDRESS **13005 STATE RD 80., SUITE 141**
CITY-ST-ZIP **LOXAHATCHEE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED RAMACHANDRAN** **1/13/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)