

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L28999

FILED
Jan 19, 2007
Secretary of State

Entity Name: BOCA NEPHROLOGY, P.A.

Current Principal Place of Business:

2900 N MILITARY TRAIL
#195
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

2900 N MILITARY TRAIL
#195
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 65-0158744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONAGHAN, TIMOTHY E
STRAWN, MONAGHAN & COHEN, P.A.
54 N.E. 4TH AVENUE
DELRAY BEACH, FL 33483 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 () Delete
Name: STEMMER, CRAIG L.,
Address: 2900 NORTH MILITARY TRAIL #195
City-St-Zip: BOCA RATON, FL

Title: VD () Delete
Name: STEMMER, CRAIG L.,
Address: 2900 NORTH MILITARY TRAIL
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CRAIG STEMMER

PRES

01/19/2007

Electronic Signature of Signing Officer or Director

Date