

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M42207** (4)

1. Corporation Name
SOUTH FLORIDA NEPHROLOGY ASSOCIATES, P.A.

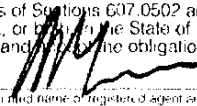
Principal Place of Business SOUTH FL NEPHROLOGY ASSOC SUITE 101 LAUDERDALE LAKES FL 33313 US	Mailing Address Robert Geronemus C/O NEIL SCHNEIDER, M.D. 2851 NW 49TH AVE. #101 LAUDERDALE LAKES FL 33313-1638 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/25/1986		3a. Date of Last Report 05/01/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-2741566		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			

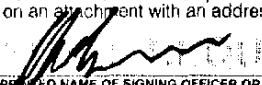
9. Name and Address of Current Registered Agent SCHNEIDER, NEIL M.D. 2851 N.W. 49TH AVE. STE. 101 LAUDERDALE LAKES FL 33313				10. Name and Address of New Registered Agent			
				81. Name Robert Geronemus, MD			
				82. Street Address (P.O. Box Number is Not Acceptable) 2951 NW 49th Ave			
				83. Suite 101			
				84. City Lauderdale Lakes FL 85. Zip Code 33313			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MARTIN, EDUARDO MD	1.2 NAME	
STREET ADDRESS	2851 NW 49TH AVE SUITE 101	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL	1.4 CITY-ST-ZIP	
TITLE	P ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GERONEMUS, ROBERT M.D.	2.2 NAME	
STREET ADDRESS	2851 N.W. 49TH AVE., STE. 101	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL	2.4 CITY-ST-ZIP	
TITLE	ST ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ECHVERRI, DIEGO MD	3.2 NAME	
STREET ADDRESS	2851 NW 49TH AVE SUITE 101	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Robert Geronemus** **3/3/97** **954 739-2511**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)