2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M42207

FILED Feb 13, 2009 Secretary of State

Entity Name: SOUTH FLORIDA NEPHROLOGY ASSOCIATES, P.A.

Current Principal Place of Business: New Principal Place of Business:

SOUTH FL NEPHROLOGY ASSOC 2951 NW 49 AVE

SUITE 101 SUITE 101

LAUDERDALE LAKES, FL 33313 US LAUDERDALE LAKES, FL 33313 US

Current Mailing Address: New Mailing Address:

%ROBERT GERONEMUS 2951 NW 49TH AVENUE

2951 NW 49TH AVE, #101 SUITE 101

LAUDERDALE LAKES, FL 33313 US LAUDERDALE LAKES, FL 33313 US

FEI Number: 59-2741566 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 GERONEMUS, ROBERT
 MARTIN, EDOUARD

 2951 N.W. 49TH AVE.
 2951 N.W. 49TH AVE.

 STE. 101
 STE. 101

LAUDERDALE LAKES, FL 33313 US LAUDERDALE LAKES, FL 33313 US

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: EDOUARD MARTIN 02/13/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition MARTIN, EDOUARDO MD MARTIN, EDOUARDO MD Name: Name: 2951 NW 49TH AVE SUITE 101 2951 NW 49TH AVE SUITE 101 Address: Address: City-St-Zip: LAUDERDALE LAKES, FL 33313 City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: P () Delete Title: V (X) Change () Addition
Name: GERONEMUS, ROBERT M., D. Name: ECHEVERRI, DIEGO, MD,
Address: 2051 N.W. 40TH AVE. STE 101

 Address:
 2951 N.W. 49TH AVE., STE. 101
 Address:
 2951 N.W. 49TH AVE., STE. 101

 City-St-Zip:
 LAUDERDALE LAKES, FL 33313
 City-St-Zip:
 LAUDERDALE LAKES, FL 33313

Title: Title: () Delete (X) Change () Addition ECHEVERRI, DIEGO MD Name: TOURGEMAN, KENNETH MD Name: 2951 NW 49TH AVE SUITE 101 Address: 2951 NW 49TH AVE SUITE 101 Address City-St-Zip: LAUDERDALE LAKES, FL 33313 City-St-Zip: LAUDERDALE LAKES, FL 33313

I hereby certify that the information supplied with this filing does not qualify 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: EDOUARD MARTIN MD 02/13/2009