

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M42207

FILED
Jan 31, 2011
Secretary of State

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

Current Principal Place of Business:

2951 NW 49 AVE
SUITE 101
LAUDERDALE LAKES, FL 33313 US

New Principal Place of Business:

Current Mailing Address:

2951 NW 49TH AVENUE
SUITE 101
LAUDERDALE LAKES, FL 33313 US

New Mailing Address:

FEI Number: 59-2741566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, EDOUARD
2951 N.W. 49TH AVE.
STE. 101
LAUDERDALE LAKES, FL 33313 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

OFFICERS AND DIRECTORS:

Title: P
Name: MARTIN, EDOUARDO MD
Address: 2951 NW 49TH AVE SUITE 101
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: V
Name: ECHEVERRI, DIEGO, MD
Address: 2951 N.W. 49TH AVE., STE. 101
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: ST
Name: TOURGEMAN, KENNETH MD
Address: 2951 NW 49TH AVE SUITE 101
City-St-Zip: LAUDERDALE LAKES, FL 33313

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: EDOUARD MARTIN

P

01/31/2011

Electronic Signature of Signing Officer or Director

Date