

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# M42207

**FILED**  
**Sep 21, 2012**  
**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

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, MD

P

09/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date