

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# M86418

FILED
Jan 18, 2008
Secretary of State**Entity Name:** NEPHROLOGY ASSOCIATES OF SOUTH BROWARD, P.A.**Current Principal Place of Business:**1150 N 35TH AVENUE
SUITE 660
HOLLYWOOD, FL 330215424 US**New Principal Place of Business:**1150 N 35TH AVENUE
SUITE 620
HOLLYWOOD, FL 330215424 US**Current Mailing Address:**1150 N. 35TH AVENUE
SUITE 660
HOLLYWOOD, FL 330215424 US**New Mailing Address:**1150 N. 35TH AVENUE
SUITE 620
HOLLYWOOD, FL 330215424 US**FEI Number:** 65-0056991**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FEINROTH, MARTIN
1150 N. 35TH AVENUE
SUITE 660
HOLLYWOOD, FL 33021 US**Name and Address of New Registered Agent:**FEINROTH, MARTIN
1150 N. 35TH AVENUE
SUITE 620
HOLLYWOOD, FL 33021 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:

01/18/2008

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** DP () Delete
Name: FEINROTH, MARTIN,
Address: 1150 N. 35TH AVENUE, SUITE 660
City-St-Zip: HOLLYWOOD, FL**Title:** V () Delete
Name: REICH, JAMES
Address: 450 N 35TH AVE, SUITE 660
City-St-Zip: HOLLYWOOD, FL 33021**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DP (X) Change () Addition
Name: FEINROTH, MARTIN,
Address: 1150 N. 35TH AVENUE, SUITE 620
City-St-Zip: HOLLYWOOD, FL**Title:** V (X) Change () Addition
Name: REICH, JAMES
Address: 1150 N. 35TH AVE, SUITE 620
City-St-Zip: HOLLYWOOD, FL 33021

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: MARTIN FEINROTH, M.D.

DP

01/18/2008

Electronic Signature of Signing Officer or Director_____
Date