## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# M86418

FILED Oct 10, 2008 Secretary of State

Entity Name: NEPHROLOGY ASSOCIATES OF SOUTH BROWARD, P.A.

Elitity Na	ille. NEITHING	1001 A0000IATEO OF 00	DOTT BROWARD, L.A	•			
Current Principal Place of Business:			New Principal Place of Business:				
SUITE 620	TH AVENUE ) DOD, FL 3302	15424 US					
Current N	lailing Addre	ss:	New Maili	New Mailing Address:			
SUITE 620	STH AVENUE ) DOD, FL 3302	15424 US					
FEI Number	: 65-0056991	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired (X)		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
1150 N. 35 SUITE 620 HOLLYWO The above	OOD, FL 3302		e purpose of changing i	ts registere	d office or registered agent, or both	ι,	
SIGNATUI							
0.014, (1.0)		nic Signature of Registered A	gent		Date	-	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	FEINROTH, MA	AVENUE, SUITE 620	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	REICH, JAMES	AVE, SUITE 620	Title: Name: Address: City-St-Zip:		(X) Change () Addition /IES TH AVE, SUITE 620 OD, 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: JAMES REICH DP 10/10/2008