

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40526

FILED  
Jan 27, 2005  
Secretary of State

Entity Name: FLORIDA SOCIETY OF NEPHROLOGY, INC.

## Current Principal Place of Business:

301 W. PLATT STREET  
PMB 390  
TAMPA, FL 33606 US

## New Principal Place of Business:

## Current Mailing Address:

301 W. PLATT STREET  
PMB 390  
TAMPA, FL 33606 US

## New Mailing Address:

FEI Number: 59-3065556      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOUTSATSOS, SPERO  
301 W. PLATT STREET  
PMB. 390  
TAMPA, FL 33606 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 ( ) Delete  
Name: BRUEGGEMEYER, CARL M.D.  
Address: 117 OSPREY COVE LANE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP ( ) Delete  
Name: PINS, DAVID M.D.  
Address: 2501 N. ORANGE AVENUE #537-N  
City-St-Zip: ORLANDO, FL 32804

Title: ST ( ) Delete  
Name: GERONEMUS, ROBERT M M.D.  
Address: 2951 N.W. 49TH AVENUE - SUITE 101  
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: D ( ) Delete  
Name: TAPIA, HUGO M.D.  
Address: 1746 LAKELAND HILLS BLVD.  
City-St-Zip: LAKELAND, FL 33805

Title: D ( ) Delete  
Name: MARATHE, S.S. M.D.  
Address: 240 SOUTH PARK CIRCLE E.  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D ( ) Delete  
Name: HALEY, WILLIAM E M.D.  
Address: 4500 SAN PABLO RD. - MAYO CLINIC  
City-St-Zip: JACKSONVILLE, FL 32224

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BRUEGGEMEYER, CARL M.D.  
Address: 1117 OSPREY COVE LANE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP (X) Change ( ) Addition  
Name: PINS, DAVID M.D.  
Address: 20 OAKLEIGH AVENUE  
City-St-Zip: MAITLAND, FL 32751

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT GERONEMUS, MD

ST

01/27/2005

Electronic Signature of Signing Officer or Director

Date