

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40526

FILED
Apr 28, 2009
Secretary of State

Entity Name: FLORIDA SOCIETY OF NEPHROLOGY, INC.

Current Principal Place of Business:

218 E. BEARSS AVENUE
#410
TAMPA, FL 33613 US

New Principal Place of Business:

Current Mailing Address:

218 E. BEARSS AVENUE
#410
TAMPA, FL 33613 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:

COBBE, FRASER C
218 E. BEARSS AVENUE
#410
TAMPA, FL 33613 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: PINS, DAVID M.D.
Address: 20 OAKLEIGH AVE
City-St-Zip: MAITLAND, FL 32751

Title: VP () Delete
Name: WEBER, HERMAN M.D.
Address: 1921 WALDEMERE ST. SUITE 413
City-St-Zip: SARASOTA, FL 34239

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

Title: S () Delete
Name: CASTILLO, ORLANDO M.D.
Address: 4204 NORTH MACDILL AVENUE SUITE 1
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: CARVALLO, ALEJANDRO. M.D.
Address: 38135 MARKET SQUARE DRIVE.
City-St-Zip: ZEPHYHILLS, FL 33542

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

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

Title: ED (X) Change () Addition
Name: COBBE, FRASER C
Address: 17503 MALLARD COURT
City-St-Zip: LUTZ, FL 33559

Title: T (X) Change () Addition
Name: CASTILLO, ORLANDO M.D.
Address: 4204 NORTH MACDILL AVENUE SUITE 1
City-St-Zip: TAMPA, FL 33607

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRASER COBBE

ED

04/28/2009

Electronic Signature of Signing Officer or Director

Date