

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40526

FILED
Apr 21, 2011
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
17503 MALLARD COURT
LUTZ, FL 33559 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: D
Name: PINS, DAVID M.D.
Address: 20 OAKLEIGH AVE
City-St-Zip: MAITLAND, FL 32751

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

Title: ED
Name: COBBE, FRASER C
Address: 17503 MALLARD COURT
City-St-Zip: LUTZ, FL 33559

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

Title: VP
Name: HALEY, WILLIAM E M.D.
Address: 4500 SAN PABLO ROAD
City-St-Zip: JACKSONVILLE, FL 32224

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

SIGNATURE: FRASER COBBE

ED

04/21/2011

Electronic Signature of Signing Officer or Director

Date