

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90201 027 \*\*\*\*61.25

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DOCUMENT # N97000006704

1. Corporation Name

SOUTH FLORIDA RENAL PHYSICIANS IPA, INC.

Principal Place of Business

7061 CYPRESS ROAD  
SUITE 104  
PLANTATION FL 33317

Mailing Address

7061 CYPRESS ROAD  
SUITE 104  
PLANTATION FL 33317



2. Principal Place of Business

21 1150 N 35th Ave

Suite, Apt. #, etc.

22 #240

City & State

23 HOLLYWOOD, FL

Zip

24 33021

Country

25 U.S.A.

2a. Mailing Address

26 1150 N. 35th Ave

Suite, Apt. #, etc.

27 #240

City & State

28 HOLLYWOOD, FL

Zip

29 33021

Country

30 U.S.A.

3. Date Incorporated or Qualified

12/02/1997

4. FEI Number

65-0809452

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

GREEN, MITCHELL F ESQ.  
4000 HOLLYWOOD BLVD.  
SUITE 485 SOUTH  
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name

MARY FEINROTH, MD

82 Street Address (P.O. Box Number is Not Acceptable)

1150 N. 35th Ave.

83

#240

84 City

HOLLYWOOD

FL

85 Zip Code

33021

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Mary Feinroth*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/10/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME COQUIS, ROBERTO M.D.  
STREET ADDRESS C/O 4000 HOLLYWOOD BLVD., SUITE 485 SOUTH  
CITY-ST-ZIP PLANTATION FL 33317

☐ DELETE

TITLE D  
NAME FEINROTH, MARY M.D.  
STREET ADDRESS C/O 4000 HOLLYWOOD BLVD., SUITE 485 SOUTH  
CITY-ST-ZIP PLANTATION FL 33317

☐ DELETE

TITLE D  
NAME FELMAN, HARVEY M.D.  
STREET ADDRESS C/O 4000 HOLLYWOOD BLVD., SUITE 485 SOUTH  
CITY-ST-ZIP PLANTATION FL 33317

☐ DELETE

TITLE D  
NAME CUELI, ROBERT M.D.  
STREET ADDRESS C/O 4000 HOLLYWOOD BLVD., SUITE 485 SOUTH  
CITY-ST-ZIP PLANTATION FL 33317

☐ DELETE

TITLE D  
NAME LOEWENHERTZ, JAMES M.D.  
STREET ADDRESS C/O 4000 HOLLYWOOD BLVD., SUITE 485 SOUTH  
CITY-ST-ZIP PLANTATION FL 33317

☐ DELETE

TITLE D  
NAME SANDLER, RICHARD M.D.  
STREET ADDRESS C/O 4000 HOLLYWOOD BLVD., SUITE 485 SOUTH  
CITY-ST-ZIP PLANTATION FL 33317

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99

Date

(954) 989-7661

Daytime Phone #

CR2E037 (11/98)