## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED

NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Apr 21, 2005 08:00 AM Secretary of State

407-422-3456

Daytime Phone #

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DOCUMENT # P0100008943  1. Entity Name ORLANDO NEPHROLOGY & HYPERTENSION, P.A.				Secretary of State			
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	6. Name and Address of Current Regis	tered Agent	*****************	e <sup>te</sup> e se de <del>l'en en e</del> l l'en el l'e	व्यक्ष राज्य अध्यक्षित्रस्था		
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	named entity submits this statement for the I	ourpose of changing its register	ed office or register	red agent, or both	, in the State of Flo	rida. I am familiar with, and	accept
the obligat	lions of registered agent.						
SIGNATURE.							\
SIGNATORE.	Signature, typed or printed name of registored agent and title	f applicable. (NOTE, Registere	d Agent signature required	d when reinstating)		DATE	{
		9. Election Campaign Finar	neina \$5	.00 May Be		<del></del>	
After May 1, 2005 Fee will be \$550.00				ded to Fees			ļ
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12. Thereby	certify that the information supplied with this	filing does not quality for the exe	mption stated in Se	ection 119.07(3)(i)	, Florida Statutes.	further certify that the inform	nation
indicated	i on this report or supplemental report is true	and accurate and that my signa	ture shall have the	same legal effect	as it made under (	oatn; that I am an officer of di	mector 1
or the co changed	rporation or the receiver or trustee empowere , or on an attachment with an address, with a	a to execute this report as requi	Hed by Chapter 60.	7, munua siatutes	, with triat city flatfi	apprais it block to of bloc	~ '''
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