2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 11, 2006
Secretary of State

DOCUMENT# P01000008943

Entity Name: ORLANDO NEPHROLOGY & HYPERTENSION, P.A.

Current Principal Place of Business:

514 WEST COLUMBIA STREET
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

514 WEST COLUMBIA STREET
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 59-3693241 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SYED, JAVED A M.D.
514 WEST COLUMBIA STREET
ORLANDO, FL 32805 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: JAVED SYED

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SYED, JAVED A M.D.
Address: 514 WEST COLUMBIA STREET
City-St-Zip: ORLANDO, FL 32805

Title: T ( ) Delete
Name: SYED, KHURSHID
Address: 514 WEST COLUMBIA STREET
City-St-Zip: ORLANDO, FL 32805

Title: S ( ) Delete
Name: SYED, ISHRAT
Address: 514 WEST COLUMBIA STREET
City-St-Zip: ORLANDO, FL 32805

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SYED, JAVED A M.D.
Address: 9676 KILGORE RD
City-St-Zip: ORLANDO, FL 32836

Title: T (X) Change ( ) Addition
Name: SYED, KHURSHID
Address: 9676 KILGORE RD
City-St-Zip: ORLANDO, FL 32836

Title: S (X) Change ( ) Addition
Name: SYED, ISHRAT
Address: 9676 KILGORE RD
City-St-Zip: ORLANDO, FL 32836

Title: S ( ) Change (X) Addition
Name: SYED, ERUM
Address: 9676 KILGORE RD
City-St-Zip: ORLANDO, FL 32836

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAVED SYED PD 10/11/2006

Electronic Signature of Signing Officer or Director — Date