2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2008
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:

60 COLUMBIA STREET
SUITE B
ORLANDO, FL 32806

Current Mailing Address:

514 WEST COLUMBIA STREET
ORLANDO, FL 32805

New Mailing Address:

P.O BOX 22610
LAKE BUENA VISTA, FL 32830

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:

SYED, JAVED A M.D.
60 COLUMBIA STREET
SUITE B
ORLANDO, FL 32806 US

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: _____ 07/16/2008
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: 9676 KILGORE RD
City-St-Zip: ORLANDO, FL 32836

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

SIGNATURE: JAVED SYED D 07/16/2008
Electronic Signature of Signing Officer or Director — Date