

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000079405

FILED
Apr 26, 2006
Secretary of State

Entity Name: KIDNEY & HYPERTENSION SPECIALISTS OF CENTRAL FLORIDA, P.A.

Current Principal Place of Business:

343 N US HIGHWAY 27
CLERMONT, FL 34711

New Principal Place of Business:

306 MOHAWK ROAD
CLERMONT, FL 34715

Current Mailing Address:

P.O. BOX 120836
CLERMONT, FL 347120836

New Mailing Address:

FEI Number: 59-3725484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AHMED, ADNAN
343 N US HIGHWAY 27
CLERMONT, FL 34712 US

Name and Address of New Registered Agent:

AHMED, ADNAN
306 MOHAWK ROAD
CLERMONT, FL 34715 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: _____

Electronic Signature of Registered Agent

04/26/2006

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDST () Delete
Name: AHMED, ADNAN
Address: P.O. BOX 120836
City-St-Zip: CLERMONT, FL 347120836

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ADNAN AHMED

Electronic Signature of Signing Officer or Director

PDST

04/26/2006

Date