

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90069 017 ***150.00

DOCUMENT # P01000103528

1. Entity Name

S.W. NEPHROLOGY SERVICES, INC.



Principal Place of Business

3440 CONWAY BLVD BLDG 3 STE 3
PORT CHARLOTTE FL 33952

Mailing Address

3440 CONWAY BLVD BLDG 3 STE 3
PORT CHARLOTTE FL 33952

2. Principal Place of Business

3195 HARBOR BLVD.
Suite, Apt. #, etc.
PORT CHARLOTTE.

3. Mailing Address

3195 HARBOR BLVD.
Suite, Apt. #, etc.

City & State

FL 33952.

City & State

PORT CHARLOTTE.

Zip

33952.

Country

U.S.A.

Zip

FL33952

Country

U.S.A.



1st MOORE

CR2E034 (10/04)

4. FEI Number

02-0550509

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VELAMAKANNI, KRISHNAMURTY S
3440 CONWAY BLVD BLDG 3 STE 3
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME VELAMAKANNI, KRISHNAMURTY S
STREET ADDRESS 3440 CONWAY BLVD BLDG 3 STE 3
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE S ☐ Delete
NAME VELAMAKANNI, VIJAYA K
STREET ADDRESS 3440 CONWAY BLVD BLDG 3 STE 3
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Change ☐ Addition
NAME VELAMAKANNI KRISHNAMURTY S
STREET ADDRESS 3195 HARBOR BLVD.
CITY-ST-ZIP PORT CHARLOTTE FL 33952.

TITLE S ☒ Change ☐ Addition
NAME VELAMAKANNI VIJAYA K
STREET ADDRESS 3195 HARBOR BLVD
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

V. Velamakkan. Vijaya Velamakkan. 2/25/05 9416297092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #