


**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

1/2

01-29-2007 90094 006 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # P01000108887**  
 1. Entity Name  
 NAPLES NEPHROLOGY, P.A.



Principal Place of Business  
 878 109TH AVE N  
 NAPLES, FL 34108

Mailing Address  
 878 109TH AVE N  
 NAPLES, FL 34108

66004330



01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 52-2356545  Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 RUSSO, MARK S  
 878 109TH AVE N  
 NAPLES, FL 34108

**DO NOT WRITE  
 IN THIS SPACE**

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 Mark S. Russo (NOTE: Registered Agent signature required when reappointing)  
 DATE 1/19/07

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RUSSO, MARK S
STREET ADDRESS	878 109TH AVE N #2
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 the address, with another like empowered.

SIGNATURE: Mark S. Russo Date 01/19/07 239-513-1002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MARK S. RUSSO