

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000069121

FILED  
Feb 11, 2010  
Secretary of State

**Entity Name:** RENAL SPECIALISTS OF NAPLES, INC.

**Current Principal Place of Business:**

661 GOODLETTE RD N  
104  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 111089  
NAPLES, FL 34108

**New Mailing Address:**

**FEI Number:** 04-3695318

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

URLANDA, ANNELIE  
661 GOODLETTE RD N  
104  
NAPLES, FL 34102 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** URLANDA, JOJI DR.  
**Address:** 661 GOODLETTE RD N #104  
**City-St-Zip:** NAPLES, FL 34102

**Title:** ST  
**Name:** URLANDA, ANNELIE  
**Address:** 661 GOODLETTE RD N #104  
**City-St-Zip:** NAPLES, FL 34102

I hereby 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 all other like empowered.

**SIGNATURE:** ANNELIE URLANDA

ST

02/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date