

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000095578

FILED
Jan 15, 2008
Secretary of State

Entity Name: NEPHROLOGY AND HYPERTENSION SPECIALISTS INC

Current Principal Place of Business:

800 GOODLETTE RD.
SUITE 370
NAPLES, FL 34102

New Principal Place of Business:

1213 PIPER BLVD.
SUITE 101
NAPLES, FL 34110

Current Mailing Address:

800 GOODLETTE RD.
SUITE 370
NAPLES, FL 34102

New Mailing Address:

1213 PIPER BLVD.
SUITE 101
NAPLES, FL 34110

FEI Number: 45-0522694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GADALLAH, MERIT MD
385 31ST STREET NW
NAPLES, FL 34120 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: O () Delete
Name: GADALLAH, MERIT MD
Address: 385 31ST STREET NW
City-St-Zip: NAPLES, FL 34120

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 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: MERIT F. GADALLAH, M.D.

O

01/15/2008

Electronic Signature of Signing Officer or Director

Date