

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000074268

FILED
Jan 07, 2012
Secretary of State

Entity Name: COASTAL NEPHROLOGY & HYPERTENSION CENTER, P.A.

Current Principal Place of Business:

641 UNIVERSITY BLVD.
SUITE 211
WEST PALM BEACH, FL 33458

New Principal Place of Business:

641 UNIVERSITY BLVD.
SUITE 211
JUPITER, FL 33458

Current Mailing Address:

641 UNIVERSITY BLVD.
SUITE 211
WEST PALM BEACH, FL 33458

New Mailing Address:

641 UNIVERSITY BLVD.
SUITE 211
JUPITER, FL 33458

FEI Number: 20-1054138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RABIEI, ABBAS
9386 MADEWOOD COURT
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

RABIEI, ABBAS MD
8631 SE SOMERSET ISLAND WAY
JUPITER, FL 33458 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: ABBAS RABIEI

01/07/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: RABIEI, ABBAS MD
Address: 8631 SE SOMERSET ISLAND WAY
City-St-Zip: JUPITER, FL 33458

Title: VP
Name: RABIEI, CATHRYN L
Address: 8631 SE SOMERSET ISLAND WAY
City-St-Zip: JUPITER, FL 33458

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: ABBAS RABIEI

P

01/07/2012

Electronic Signature of Signing Officer or Director

Date