


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90090 023 \*\*\*150.00

**DOCUMENT # P05000090244**

1. Entity Name  
**NEPHROLOGY CONSULTANTS OF CENTRAL FLORIDA, INC.**



Principal Place of Business      Mailing Address  
**3885 OAKWATER CIR STE 2**      **3885 OAKWATER CIR STE 2**  
**ORLANDO, FL 32806**      **ORLANDO, FL 32806**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

400000000



03012007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**20-3074580**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**ABBOTT, LIONEL C M.D.**  
**3885 OAKWATER CIR STE 2**  
**ORLANDO, FL 32806**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABBOTT, LIONEL C M.D.			NAME			
STREET ADDRESS	3885 OAKWATER CIR STE 2			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32806			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABREU, ELPIDIO A M.D.			NAME			
STREET ADDRESS	3885 OAKWATER CIR STE 2			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32806			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BHARGAVA, AMIT M.D.			NAME			
STREET ADDRESS	3885 OAKWATER CIR STE 2			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32806			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COHEN, JEFFREY M M.D.			NAME			
STREET ADDRESS	3885 OAKWATER CIR STE 2			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32806			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DELGADO, LAZARO L M.D.			NAME			
STREET ADDRESS	3885 OAKWATER CIR STE 2			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32806			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LARRANAGA, JORGE A M.D.			NAME			
STREET ADDRESS	3885 OAKWATER CIR STE 2			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32806			CITY-ST-ZIP			

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 an address, with all other like empowered.

**SIGNATURE:** *Lionel C Abbott*      3/21/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #