2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008 8:00 am
Secretary of State
04-08-2008 90016 032 ***150.00

DOCUMENT # P05000090244

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

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

01212008 Chg-P CR2E034 (12/06)

4. FEI Number 20-3074580 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ABBOTT, LIONEL C M.D. 3885 OAKWATER CIR STE 2 ORLANDO, FL 32806	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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 ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	ABBOTT, LIONEL C M.D.	NAME	Williams, Mark
STREET ADDRESS	3885 OAKWATER CIR STE 2	STREET ADDRESS	3885 Oakwater Circle
CITY-ST-ZIP	ORLANDO, FL 32806	CITY-ST-ZIP	Orlando Fl 32806
TITLE	D ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	ABREU, ELPIDIO A M.D.	NAME	madan, Arvind.
STREET ADDRESS	3885 OAKWATER CIR STE 2	STREET ADDRESS	3885 Oakwater Circle
CITY-ST-ZIP	ORLANDO, FL 32806	CITY-ST-ZIP	Orlando, Fl 32806
TITLE	D ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	BHARGAVA, AMIT M.D.	NAME	Prince, Timothy
STREET ADDRESS	3885 OAKWATER CIR STE 2	STREET ADDRESS	3885 Oakwater Circle
CITY-ST-ZIP	ORLANDO, FL 32806	CITY-ST-ZIP	Orlando, Fl 32806
TITLE	D ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	COHEN, JEFFREY M M.D.	NAME	Mukherjee, Gopen
STREET ADDRESS	3885 OAKWATER CIR STE 2	STREET ADDRESS	3885 Oakwater Circle
CITY-ST-ZIP	ORLANDO, FL 32806	CITY-ST-ZIP	Orlando Fl 32806
TITLE	D ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	DELGADO, LAZARO L M.D.	NAME	Ahmed, Fawad
STREET ADDRESS	3885 OAKWATER CIR STE 2	STREET ADDRESS	3885 Oakwater Circle
CITY-ST-ZIP	ORLANDO, FL 32806	CITY-ST-ZIP	Orlando, Fl 32806
TITLE	D ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	LARRANAGA, JORGE A M.D.	NAME	Siddiqui, mohammad
STREET ADDRESS	3885 OAKWATER CIR STE 2	STREET ADDRESS	3885 Oakwater Circle
CITY-ST-ZIP	ORLANDO, FL 32806	CITY-ST-ZIP	Orlando, Fl 32806

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: Jeffrey Cohen 3/24/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #