

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000090244

FILED  
Jan 19, 2010  
Secretary of State

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

**Current Principal Place of Business:**

3885 OAKWATER CIR STE 2  
ORLANDO, FL 32806

**New Principal Place of Business:**

3885 OAKWATER CIR  
ORLANDO, FL 32806

**Current Mailing Address:**

3885 OAKWATER CIR STE 2  
ORLANDO, FL 32806

**New Mailing Address:**

3885 OAKWATER CIR  
ORLANDO, FL 32806

**FEI Number:** 20-3074580

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ABBOTT, LIONEL C M.D.  
3885 OAKWATER CIR STE 2  
ORLANDO, FL 32806 US

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

ABBOTT, LIONEL C M.D.  
3885 OAKWATER CIR  
ORLANDO, FL 32806 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:

01/19/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ABBOTT, LIONEL C M.D.  
Address: 3885 OAKWATER CIR  
City-St-Zip: ORLANDO, FL 32806

Title: D  
Name: ABREU, ELPIDIO A M.D.  
Address: 3885 OAKWATER CIR  
City-St-Zip: ORLANDO, FL 32806

Title: D  
Name: BHARGAVA, AMIT M.D.  
Address: 3885 OAKWATER CIR  
City-St-Zip: ORLANDO, FL 32806

Title: D  
Name: COHEN, JEFFREY M M.D.  
Address: 3885 OAKWATER CIR  
City-St-Zip: ORLANDO, FL 32806

Title: D  
Name: DELGADO, LAZARO L M.D.  
Address: 3885 OAKWATER CIR  
City-St-Zip: ORLANDO, FL 32806

Title: D  
Name: LARRANAGA, JORGE A M.D.  
Address: 3885 OAKWATER CIR  
City-St-Zip: ORLANDO, FL 32806

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: LIONEL ABBOTT

D

01/19/2010

Electronic Signature of Signing Officer or Director

Date

JAN-20-2010 14:41 From:

To: 18502456017

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NEPHROLOGY CONSULTANTS		P05000090244
DIRECTOR	Arvind Madan MD	add
DIRECTOR	Gopen Mukherjee MD	add
DIRECTOR	Timothy Prince MD	add
DIRECTOR	Mark Williams MD	add

Address for all 3885 Oakwater Cir  
Orlando, Fl 32806