

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000090244

FILED
Jun 14, 2011
Secretary of State

Entity Name: NEPHROLOGY CONSULTANTS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

3885 OAKWATER CIR
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

3885 OAKWATER CIR
ORLANDO, FL 32806

New Mailing Address:

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
ORLANDO, FL 32806 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

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

06/14/2011

Electronic Signature of Signing Officer or Director

Date