
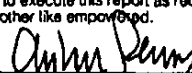


FILED
Feb 09, 2006 8:00 am
Secretary of State

66000944

DOCUMENT # P05000105086			
1. Entity Name NEPHROLOGY ASSOCIATES OF THE GULF COAST, P.A.			
Principal Place of Business 8333 N DAVIS HWY PENSACOLA, FL 32514		Mailing Address 8333 N DAVIS HWY PENSACOLA, FL 32514	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-3243707		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
BOROWSKI, T. A JR. 25 W CEDAR STREET SUITE 304 PENSACOLA, FL 32502		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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: President <input type="checkbox"/> Delete NAME: PENCE, CLYDE M STREET ADDRESS: 8333 N DAVIS HIGHWAY CITY-STATE-ZIP: PENSACOLA, FL 32514		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: Vice President <input type="checkbox"/> Delete NAME: Antonious, George B. STREET ADDRESS: 8333 N. Davis Highway CITY-STATE-ZIP: Pensacola, FL 32514		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: Secretary <input type="checkbox"/> Delete NAME: Never, Katherine STREET ADDRESS: 8333 N. Davis Highway CITY-STATE-ZIP: Pensacola, FL 32514		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: Treasurer <input type="checkbox"/> Delete NAME: Shallings, Linda STREET ADDRESS: 8333 N. Davis Highway CITY-STATE-ZIP: Pensacola, FL 32514		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Delete STREET ADDRESS: <input type="checkbox"/> Delete CITY-STATE-ZIP: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Delete STREET ADDRESS: <input type="checkbox"/> Delete CITY-STATE-ZIP: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		1-10-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



ATTACHMENT

66000944

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2006

NEPHROLOGY ASSOCIATES OF THE GULF COAST, P.A.
8333 N DAVIS HWY
PENSACOLA, FL 32514

Subject: NEPHROLOGY ASSOCIATES OF THE GULF COAST, P.A.

Reference Number: P05000105086

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/mh

ANNUAL REPORTS SECTION