


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 11, 2008 8:00 am
Secretary of State

08-11-2008 90123 023 ***150.00

DOCUMENT # P05000105086 1. Entity Name NEPHROLOGY ASSOCIATES OF THE GULF COAST, P.A.	
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40110000

Principal Place of Business 8333 N DAVIS HWY PENSACOLA, FL 32514	Mailing Address 8333 N DAVIS HWY PENSACOLA, FL 32514
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07142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3243707	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOROWSKI, T. A JR. 25 W CEDAR STREET SUITE 304 PENSACOLA, FL 32502
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**DO NOT WRITE
IN THIS SPACE**

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
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PENCE, CLYDE M 8333 N DAVIS HIGHWAY PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANTONIOUS, GEORGE B 8333 N DAVIS HWY PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ^e MOYER, KATHERINA 8333 N DAVIS HWY PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STALLINGS, LINDA 8333 N DAVIS HWY PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Linda Stallings mo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/08
Date

850-474-8121
Daytime Phone #