# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2009**
**Secretary of State**

DOCUMENT# P05000105086

**Entity Name:** NEPHROLOGY ASSOCIATES OF THE GULF COAST, P.A.

**Current Principal Place of Business:**

8333 N DAVIS HWY
PENSACOLA, FL 32514

**New Principal Place of Business:**

**Current Mailing Address:**

8333 N DAVIS HWY
PENSACOLA, FL 32514

**New Mailing Address:**

**FEI Number: 20-3243707** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BOROWSKI, T. A JR.
25 W CEDAR STREET
SUITE 304
PENSACOLA, FL 32502 US

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

ANGUS, MICHAEL
6119 VILLAGE OAKS DRIVE
PENSACOLA, FL 32504 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: MICHAEL ANGUS 04/29/2009
Electronic Signature of Registered Agent Date

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: PENCE, CLYDE M
Address: 8333 N DAVIS HIGHWAY
City-St-Zip: PENSACOLA, FL 32514

Title: VP ( ) Delete
Name: ANTONIOUS, GEORGE B
Address: 8333 N DAVIS HWY
City-St-Zip: PENSACOLA, FL 32514

Title: S ( ) Delete
Name: MOYER, KATHERINA
Address: 8333 N DAVIS HWY
City-St-Zip: PENSACOLA, FL 32514

Title: T ( ) Delete
Name: STALLINGS, LINDA
Address: 8333 N DAVIS HWY
City-St-Zip: PENSACOLA, FL 32514

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: MEYER, KATHERINA
Address: 8333 N DAVIS HWY
City-St-Zip: PENSACOLA, FL 32514

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CLYDE PENCE P 04/29/2009
Electronic Signature of Signing Officer or Director Date