

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000105086

FILED  
Apr 04, 2012  
Secretary of State

**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:**

ANGUS, MICHAEL  
6119 VILLAGE OAKS DRIVE  
PENSACOLA, FL 32504 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:** P  
**Name:** PENCE, CLYDE M  
**Address:** 8333 N DAVIS HIGHWAY  
**City-St-Zip:** PENSACOLA, FL 32514

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

**Title:** S  
**Name:** MEYER, KATHERINA  
**Address:** 8333 N DAVIS HWY  
**City-St-Zip:** PENSACOLA, FL 32514

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

**Title:** OFF  
**Name:** OWEIS, SHADI  
**Address:** 8333 N. DAVIS HWY  
**City-St-Zip:** PENSACOLA, FL 32514

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:** CLYDE M. PENCE

PRES

04/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date