

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000105884

FILED
Apr 27, 2006
Secretary of State

Entity Name: MELBOURNE & PALM BAY NEPHROLOGY INC

Current Principal Place of Business:

820 GROVESMERE LOOP
OCOE, FL 34761

New Principal Place of Business:

1421 MALABAR RD STE 245
PALM BAY, FL 32907

Current Mailing Address:

820 GROVESMERE LOOP
OCOE, FL 34761

New Mailing Address:

1421 MALABAR RD STE 245
PALM BAY, FL 32907

FEI Number: 20-3232627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOFELDT, MARCHELLE MD
820 GROVESMERE LOOP
OCOE, FL 34761 US

Name and Address of New Registered Agent:

HOFELDT, MARCHELLE MD
1421 MALABAR RD STE 245
PALM BAY, FL 32907 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: MARCHELLE HOFELDT, M.D.

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOFEELDT, MARCHELLE MD
Address: 750 JONES CREEK DR
City-St-Zip: EVANS, GA 30809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOFEELDT, MARCHELLE MD
Address: 1421 MALABAR RD STE 245
City-St-Zip: PALM BAY, FL 32907

I hereby certify that the information supplied with this filing does not qualify for the 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: MARCHELLE HOFELDT, M.D.

PRES

04/27/2006

Electronic Signature of Signing Officer or Director

Date