# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000105884

**FILED**
**Mar 23, 2009**
**Secretary of State**

**Entity Name:** MELBOURNE & PALM BAY NEPHROLOGY INC

| **Current Principal Place of Business:** | **New Principal Place of Business:** |
|---|---|
| 1421 MALABAR RD STE 245<br>PALM BAY, FL  32907 | 7770 BAY STREET<br>SEBASTIAN, FL  32958 |

| **Current Mailing Address:** | **New Mailing Address:** |
|---|---|
| 1421 MALABAR RD STE 245<br>PALM BAY, FL  32907 | 1110 BOUNTY BLVD<br>VERO BEACH, FL  32963 |

FEI Number: 20-3232627     FEI Number Applied For ( )     FEI Number Not Applicable ( )     Certificate of Status Desired ( )

| **Name and Address of Current Registered Agent:** | **Name and Address of New Registered Agent:** |
|---|---|
| HOFELDT, MARCHELLE  MD<br>1421 MALABAR RD STE 245<br>PALM BAY, FL  32907    US | HOFELDT, MARCHELLE  MD<br>1110 BOUNTY BLVD<br>VERO BEACH, FL  32963    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: _____     03/23/2009
         Electronic Signature of Registered Agent                          Date

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

## OFFICERS AND DIRECTORS:

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

| | |
|---|---|
| Title: | P          (X) Change  ( ) Addition |
| Name: | HOFEELDT, MARCHELLE  MD |
| Address: | 1110 BOUNTY BLVD |
| City-St-Zip: | VERO BEACH, FL  32963 |

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:  MARCHELLE HOFELDT M.D.                          PRES          03/23/2009
         Electronic Signature of Signing Officer or Director                          Date