

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000015333

FILED
Jan 28, 2009
Secretary of State

Entity Name: NEPHROLOGY & HYPERTENSION CONSULTANTS, P.A.

Current Principal Place of Business:

10270 NW 2ND COURT
PLANTATION, FL 33324

New Principal Place of Business:

4060 SHERIDAN ST
B
HOLLYWOOD, FL 33021

Current Mailing Address:

10270 NW 2ND COURT
PLANTATION, FL 33324

New Mailing Address:

4060 SHERIDAN ST
B
HOLLYWOOD, FL 33021

FEI Number: 26-1951610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

METZ, DAVID
10270 NW 2ND COURT
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

METZ, DAVID
4060 SHERIDAN ST
B
HOLLYWOOD, FL 33021 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: DAVID METZ

01/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: METZ, DAVID
Address: 10270 NW 2ND COURT
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: METZ, DAVID
Address: 4060-B SHERIDAN ST
City-St-Zip: HOLLYWOOD, FL 33021

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: DAVID METZ

MD

01/28/2009

Electronic Signature of Signing Officer or Director

Date