

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000021325

FILED
Apr 27, 2009
Secretary of State

Entity Name: FLORIDA KIDNEY & HYPERTENSION CLINIC, INC.

Current Principal Place of Business:

1820D COPPERSTONE DRIVE
ORANGE PARK, FL 32003

New Principal Place of Business:

705 FERRIS STREET
GREEN COVE SPRINGS, FL 32043

Current Mailing Address:

1820D COPPERSTONE DRIVE
ORANGE PARK, FL 32003

New Mailing Address:

705 FERRIS STREET
GREEN COVE SPRINGS, FL 32043

FEI Number: 42-1758442

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

THAMBUGANIPALLE, JAYAPRASAD
705 FERRIS STREET
GREEN COVE SPRINGS, FL 32043 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: JAYAPRASAD THAMBUGANIPALLE

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THAMBUGANIPALLE, RAMA M.D.
Address: 1820D COPPERSTONE DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: THAMBUGANIPALLE, RAMA M.D.
Address: 705 FERRIS STREET
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VP () Change (X) Addition
Name: THAMBUGANIPALLE, JAYAPRASAD
Address: 705 FERRIS STREET
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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: JAYAPRASAD THAMBUGANIPALLE

VP

04/27/2009

Electronic Signature of Signing Officer or Director

Date