

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000083208

**FILED**  
**Jan 29, 2011**  
**Secretary of State**

**Entity Name:** LIVING STONE NEPHROLOGY AND HYPERTENSION CONSULTANTS, INC.

**Current Principal Place of Business:**

7901 S ARAGON BLVD UNIT 3  
SUNRISE, FL 33322

**New Principal Place of Business:**

17901 NW 5TH STREET  
SUITE 203  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

7901 S ARAGON BLVD UNIT 3  
SUNRISE, FL 33322

**New Mailing Address:**

17901 NW 5TH STREET  
SUITE 203  
PEMBROKE PINES, FL 33029

**FEI Number:** 80-0484752

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ISAIAH, IFEANYI  
7901 S ARAGON BLVD UNIT 3  
SUNRISE, FL 33322 US

**Name and Address of New Registered Agent:**

ISAIAH, IFEANYI  
17901 NW 5TH STREET  
SUITE 203  
PEMBROKE PINES, FL 33029 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:

01/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: ISAIAH, IFEANYI  
Address: 17901 NW 5TH STREET, SUITE 203  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D  
Name: ISAIAH, IFEANYI  
Address: 17901 NW 5TH STREET, SUITE 203  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: STD  
Name: ISAIAH, IFEANYI  
Address: 17901 NW 5TH STREET, SUITE 203  
City-St-Zip: PEMBROKE PINES, FL 33029

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: IFEANYI ISAIAH

PCEO

01/29/2011

Electronic Signature of Signing Officer or Director

Date