

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000088908

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA RENAL ASSOCIATES, INC.

**Current Principal Place of Business:**

2810 W SAINT ISABEL ST  
STE 101  
TAMPA, FL 33607

**New Principal Place of Business:**

10330 NORTH DALE MABRY  
SUITE 201  
TAMPA, FL 33618

**Current Mailing Address:**

2810 W SAINT ISABEL ST  
STE 101  
TAMPA, FL 33607

**New Mailing Address:**

10330 NORTH DALE MABRY  
SUITE 201  
TAMPA, FL 33618

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

KARIM, ADEEL  
16344 HEATHROW DR  
TAMPA, FL 33647    US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MOTIWALA, SHAHEEN  
Address: 16344 HEATHROW DR.  
City-St-Zip: TAMPA, FL 33647 US

Title: VP  
Name: KARIM, ADEEL  
Address: 16344 HEATHROW DR.  
City-St-Zip: TAMPA, FL 33647 US

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: ADEEL KARIM

VP

04/30/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date