

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90073 007 \*\*\*158.75

20006844



01192005 No Chg-P CR2E034 (10/03)

**DOCUMENT # P93000053957**  
 1. Entity Name  
 GREATER MIAMI NEPHROLOGY ASSOCIATES, P.A.



Principal Place of Business      Mailing Address  
 16501 NW 2 AVE                      16501 NW 2 AVE  
 MIAMI, FL 33169 US                  MIAMI, FL 33169 US

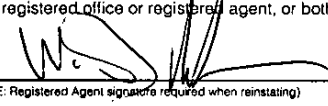
**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0426336	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ANNE P KEITHS Wendy Knuckles  
 16501 NW 2 AVE  
 MIAMI, FL 33169

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Wendy Knuckles  1/25/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

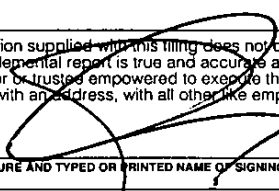
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PENA, CARLOS F M.D. 16501 NW 2 AVE MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARL S GOLDSAND, MD 16501 NW 2 AVE MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NIETO, JOSE G MD 16501 NW 2ND AVE MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Carlos F Pena MD 1/26/2005 305-354-4558  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #