

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000053957

FILED  
Feb 03, 2012  
Secretary of State

**Entity Name:** GREATER MIAMI NEPHROLOGY ASSOCIATES, P.A.

**Current Principal Place of Business:**

16501 NW 2 AVE  
MIAMI, FL 33169 US

**New Principal Place of Business:**

**Current Mailing Address:**

16501 NW 2 AVE  
MIAMI, FL 33169 US

**New Mailing Address:**

**FEI Number:** 65-0426336      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

KNUCKLES, WENDY  
16501 NW 2 AVE  
MIAMI, FL 33169 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: PRES  
Name: GOLDSAND, CARL  
Address: 16501 NW 2 AVE  
City-St-Zip: MIAMI, FL 33169

Title: VP  
Name: CARLOS F PENA, MD  
Address: 16501 NW 2 AVE  
City-St-Zip: MIAMI, FL 33169

Title: TREA  
Name: NIETO, JOSE G MD  
Address: 16501 NW 2ND AVE  
City-St-Zip: MIAMI, FL 33169

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: CARL S GOLDSAND

PRES

02/03/2012

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

\_\_\_\_\_ Date