## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P94000073891 (1)

NEPHRONET, INC.

Principal Place of Business Mailing Address

**FILED** 

Mar 02 1998 8:00am

Secretary of State

9193 S.W. 72ND ST. SUITE 200 MIAMI FL 33173			9193 S.W. 72ND ST. SUITE 200 MIAMI FL 33173		3 Date Incorpor	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
						10/07/199				
2. Principal Place of Business		28.	Mailing Address			4. FEI Number	<u> </u>		A	pplied For
rt /		26	i			65-05260	074		N	ot Applicable
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.			5. Certificate of S	Status Desired			Additional equired
City & State		28	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution			
Zip	Country 25	29	Zip 30	Countr	<i>y</i>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent						10. Name and Ad	dress of New Ro	gistered Agent		
BUSSE, JORGE				81	,					<u> </u>
9193, S.W. 72ND ST. SUITE, 200			82	L	Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33173			83	1						
•				84	City		FL 85 Zip Code			
11. Pursuant for reagent. I at	o the provisions of Sections 607.0502 ogistered agent, or both, in the State on familiar with, and accept the obligat	and 6 of Florid tions o	07.1508, Florida Statutes, da. Such change was autl f, Section 607.0505, Florid	the abov horized b la Statute	e-nam y the c s.	corporation submits this s poration's board of directo	statement for the rs. I hereby acce	purpose of chan pt the appointm	ging l ent as	ts registered registered
SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating)  DATE										
			13.	OF IL BUCK		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	D		☐ DELETE	1.1 TITLE		1			hange	Addition
NAME BUSSE, JORGE			1.2 NAME						•	

9193 S.W. 72ND ST., STE. 200 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33173** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE HOFFMAN, DAVID NAME 2.2 NAME % 9193 S.W. 72ND ST., STE. 200 STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33173** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP City-St-ZIP

14. 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 annual report or suppliemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

mal frume

2-13-98

306-273-9377

:R2E034 (10/97)