FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Jan 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000004127 (3)**

1. Corporation Name
NEPHROLOGY ASSOCIATES OF NORTHWEST FLORIDA, P.A.

Principal Place of Business
~~415 MOUNTAIN DRIVE~~
~~SUITE 3~~
~~DESTIN FL 32541~~
909 Mar-Walt Dr.
Suite 1011,
Fort Walton Bch.
Florida 32547

Mailing Address
~~415 MOUNTAIN DRIVE~~
~~SUITE 3~~
~~DESTIN FL 32541-3249~~
909 Mar-Walt Dr.
Suite 1011
Fort Walton Bch.
Florida 32547

3. Date Incorporated or Qualified: 01/17/1995
3a. Date of Last Report: 07/23/1996

2. Principal Place of Business
21 909 Mar-Walt Drive
Suite, ~~Apt. #, etc.~~
22 1011
City & State
23 Fort Walton Beach, FL
Zip 24 32547
Country 25 Okaloosa

2a. Mailing Address
26 909 Mar-Walt Drive
Suite, ~~Apt. #, etc.~~
27 1011
City & State
28 Fort Walton Beach, FL
Zip 29 32547
Country 30 Okaloosa

4. FEI Number ~~APPLIED FOR~~ 59-3294747 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MILLER, J J
415 MOUNTAIN DRIVE
SUITE 3
DESTIN FL 32541

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature of Registered Agent (Optional if filing electronically or filed with Annual Report) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	HAIRE, HENRY M	
STREET ADDRESS	~~789 MIRACLE STRIP PKWY~~	
CITY - ST - ZIP	~~MARY ESTHER FL 32569~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☐ Change ☐ Addition
1.2 NAME	Henry M. Haire, M.D.	
1.3 STREET ADDRESS	909 Mar-Walt Drive, Suite 1011,	
1.4 CITY - ST - ZIP	Fort Walton Beach, FL 32547	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

CR2E034 (9/96)

14. I do 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 supplemental 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: Henry M. Haire President 1/21/97 864-5551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
HENRY M. HAIRE, M.D.