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**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000046109 (1) DOCUMENT #

1. Corporation Name

NEPHROLOGY, P.A.

SIGNATURE:

## **FILED** Jan 31 1997 8:00am Secretary of State



Daytime Phone #

								9 10 IL IL 91
Principal Place	of Business	Mailing Address						
4204 N MACDILL AVE TAMPA FL 33607 TAMPA FL 33607-6342								
					3. Date Incorporated or Qualifie 06/09/1995		of Last Ro 3/1996	eport
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
1		26			59-2449092			t Applicable
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	
_ City & State		City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added 1	
Z <sub>I</sub> p	Country	Zip	Country	······································	8. This corporation has liability	for intangible ta		
4	25	29	30		Florida Statutes	☐ Yes ☐		
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Curren	t Registered Agent		<b>,</b>	10. Name and Address of New	Registered Ag	ent	
CAS	TILLO, ORLANDO J		81	Name				
4204 N MACDILL AVE TAMPA FL 33607			82	82 Street Address (P.O. Box Number is Not Acceptable)				
I / SITE	IN I E GOOD!		83					
			84	City		FL	85 Zip	Code
44 Duramant h	a the provisions of Postions 607 050	2 and 607 1608 Elorida Statu	tes the show	e-named cor	poration submits this statement for th		hanging it	s registered
office or re agent. I ar	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, Fl	authorized b orida Statute	y the corpora is.	poration submits this statement for thation's board of directors. I hereby ac	cept the appoi	ntment as	registered
SIGNATURE .	6. A decorate of the control of the	et and tille if pools able (NY)	TE: Donielared An	ant signature requi	ired when reinstaling	DATE		
	Signature, typed or ported name of registered age OFFICERS AN			geni signature requ	oired when reinstaling)  ADDITIONS/CHANGES TO OF	DATE FICERS AND D	IRECTOR	IS IN 12
12.	Signature, typed or pointed frame of registered age OFFICERS AND		TE: Registered Ag	gent signature requ		FICERS AND D	IRECTOR	
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