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PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

FILED May 01 1996 8:00 am Secretary of State

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DOCUMENT #	P95000074937	/
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1. Corporation Name	- - · ,	(- /

WINTER HAVEN NEPHROLOGY DA

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Principal Place of Business	Mailing Address				
500 EAST CENTRAL AVE. WINTER HAVEN FL 33880	500 EAST CENTRAL WINTER HAVEN FL				
2. Principal Place of Business			3. Date incorporated or Qualified 09/28/1995	3a. Date of Last	Report
1	2a. Mailing Address 26		4. FEI Number		Applied For
Suite, Apt. #, etc.	Surte, Apt. #, etc.		59-3348404		Not Applicab
City & State	27 Orty & State		5. Certificate of Status Desired		75 Additional e Required
Zip Country	28		Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
25	Ζφ 29]	Country	8. This corporation has liability for i	ntang ble tax under	s 199.032,
9. Name and Address of Curre	nt Registered Agent	30	Florida Statutes 🔲 Yes	X i No	
	- Brown agent	81 Name	10. Name and Address of New R	egistered Agent	
SALLMAN, ALAN L					
500 EAST CENTRAL AVE.		82 Street Ac	ldress (P.O. Box Number is Not Acceptabl	e)	
WINTER HAVEN FL 33880		83			
		84 City		—. 85 Z	In Code
Pursuant to the provisions of Sections 607,0502 or registered agent, or both, in the State of Fish familiar with, and accept the obligations of Fish familiar with, and accept the obligations of Fish familiar with.	2 and 607.1508. Florida State	ites, the above named on			
or registered agent, or both, in the State of Flori familiar with, and accept the obligations of, Sect	Jal Such change was authori hon 607 0505. Floods Statute	ized by the corporation's tic	pard of directors. I hereby accept the appo	ose of changing its intment as registere	registered offici diapant illiam
GNATURE		50 .		Ü	3
Signature, typed or posted name of registered agent		wate Bug sweet April sign and resp.	de Latine reserve disse		
OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	PATE NO DIDECT	200 141
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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 Brock 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

SIGNATURE AND TYPED ORIPEINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: