2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2006 8:00 am Secretary of State 04-18-2006 90090 019 ***150.00

DOCUMEN I # P950000 1. Entity Name NEPHROLOGY ASSOCIATES OF FLORIDA, P.A.			
Principal Place of Business	Mailing Address		
4423 NW 6TH PLACE Suite A Gainesville, FL 32607	4423 NW 6TH PLACE Suite A Gainesville, FL 32607	US	5
2. Principal Place of Business	3. Mailing Address		
Suite Act. # etc.	Suite Apt # etc		
2. Principal Place of Business Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		

FLORIDA	, Р. А .				180						
Principal Place of Business 4423 NW 6TH PLACE SUITE A GAINESVILLE, FL 32607		Mailing Address 4423 NW 6TH PLACE SUITE A GAINESVILLE, FL 32607 US			 	O POLO I ORBIJ BOJIN ADVI		01352	-		
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01112006	Chg-P	CR2	E034 (11/05)		
City & State			City & State				4. FEI Numb				plied For
Żip	Cou	untry	Zip	try		5. Certificate	of Status Desire	ed 🔲	\$8.75 Add		
	6. Name and A	ddress of Current	Registered Agent				7. Name and	Address of Ne	w Registere	d Agent	
		_			Name						
FINLAYSON, GORDON C 4423 NW 6TH PLACE SUITE A				Street Address (P.O. Box Number is Not Acceptable)							
	LLE, FL 32607	•									
					City				F	L Zip Code	9
8. 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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
								l			
	E NOWIII FEE ay 1, 2006 Fee	IS \$150.00 will be \$550.0	9. Election Campa Trust Fund Con	-	ncing		00 May Be ed to Fees				:
10.	· · · · · · · · · · · · · · · · · · ·	OFFICERS AND	DIRECTORS	11.			ADDITIONS	/CHANGES TO	OFFICERS A	ND DIRECTOR	3 IN 11
TITLE	D		☐ Delete	TITLE				•		Change	Addition
NAME	FINLAYSON, G			NAM	E						
STREET ADDRESS	4423 NW 6TH F				ET ADDRESS						
CITY-ST-ZIP	GAINESVILLE,	FL 32607		CITY	-ST-ZIP						
TITLE	D	20511.0	☐ Delete	TITLE	1					Change	Addition
NAME STREET ADDRESS	TARRANT, DAF 4423 NW 6TH F			NAM	E ET ADDRESS						:
CITY-ST-ZIP	GAINESVILLE.				-ST-ZIP						
TITLE	D		☐ Đelete	TITLE						☐ Change	Addition
NAME	ALFINO, PAUL	Α	TTI AGIGIS	NAM						[] cusinge	☐ Addition
STREET ADDRESS	4423 NW 6TH F				ET ADDRESS						
CITY-ST-ZIP	GAINESVILLE,	FL 32607		CITY	-SI-ZP						
TITLE	D		☐ Delete	TITLE						☐ Change	Addition
NAME	LOPEZ-NIETO,			NAM	E						
STREET ADDRESS	4423 NW 6TH F				ET ADORESS						
CITY-ST-ZIP	GAINESVILLE,	FL 32607	<u></u>	_	-St-ZIP						
TITLE			Delete	TITLE	1	D	OF CAMUS	.011 17		☐ Change	
NAME STREET ADDRESS	<u> </u>		NAM STRE	E ET ADORESS		RGE, SATHI R NW 6TH F	SH K. LACE, SUI	TE A			
CITY-ST-ZIP					-ST-ZIP			FL 32607			
TITLE			☐ Delete	TITLE						Change	Addition
NAME			L Delote	NAM							
STREET ADDRESS					ET ADDRESS						
CITY-SI-ZIP	<u> </u>			CITY	-ST-ZIP						
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental 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 justee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment within address, with all other like empowered.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone *

SIGNATURE: X