2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2011
Secretary of State

DOCUMENT# P95000092184

Entity Name: NEPHROLOGY ASSOCIATES OF NORTH CENTRAL FLORIDA, P.A.

Current Principal Place of Business:

4423 NW 6TH PLACE
SUITE A
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

4423 NW 6TH PLACE
SUITE A
GAINESVILLE, FL 32607 US

New Mailing Address:

FEI Number: 59-3350587 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FINLAYSON, GORDON C
4423 NW 6TH PLACE
SUITE A
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D
Name: FINLAYSON, GORDON C
Address: 4423 NW 6TH PLACE
City-St-Zip: GAINESVILLE, FL 32607

Title: D
Name: ALFINO, PAUL A
Address: 4423 NW 6TH PLACE
City-St-Zip: GAINESVILLE, FL 32607

Title: D
Name: LOPEZ-NIETO, CARLOS
Address: 4423 NW 6TH PLACE
City-St-Zip: GAINESVILLE, FL 32607

Title: D
Name: GEORGE, SATHISH K
Address: 4423 NW 6TH PLACE STE A
City-St-Zip: GAINESVILLE, FL 32607

Title: D
Name: KALEEM, AYESHA
Address: 4423 NW 6TH PLACE STE A
City-St-Zip: GAINESVILLE, FL 32607

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL A. ALFINO D 02/07/2011

Electronic Signature of Signing Officer or Director — Date