


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90073 001 \*\*\*150.00

<b>DOCUMENT # P95000095790</b> 1. Entity Name <b>NEPHROLOGY CONSULTANTS, P.A.</b>					
Principal Place of Business <b>544 HEALTH BLVD DAYTONA BEACH, FL 32114 US</b>			Mailing Address <b>544 HEALTH BLVD DAYTONA BEACH, FL 32114 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01072008 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number <b>59-3346371</b>	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PATEL, VINOD B 544 HEALTH BLVD DAYTONA BEACH, FL 32114</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, VINOD B 544 HEALTH BLVD DAYTONA BEACH, FL 321141493	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PURANDARE, VINAYAK V 401 LAKEBRIDGE PLAZA DR SUITE A ORMOND BEACH, FL 321745157	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LATIF, S 544 HEALTH BLVD DAYTONA BCH, FL 321141493	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOORJANI, HARJAS 3156 HASSI PT LONGWOOD, FL 32779	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MOORJANI, HARJAS 3156 HASSI POINT LONGWOOD, FL 32779 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORJANI, HARJAS 3156 MASSIPOINT LONGWOOD, FL 32779	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEGORARO, ALFREDO 405 RAVENSHILL WAY DELAND, FL 32724	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 trustee 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 with an address, with all other life empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>1-7-08</b> Daytime Phone # <b>386 208 6522</b>		