

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000095790

FILED
Jan 06, 2009
Secretary of State

Entity Name: NEPHROLOGY CONSULTANTS, P.A.

Current Principal Place of Business:

544 HEALTH BLVD
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

Current Mailing Address:

544 HEALTH BLVD
DAYTONA BEACH, FL 32114 US

New Mailing Address:

FEI Number: 59-3346371 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, VINOD B
544 HEALTH BLVD
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

PATEL, VINOD B MD
544 HEALTH BLVD
DAYTONA BEACH, FL 32114 US

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: VINOD B. PATEL, M.D.

01/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PATEL, VINOD B
Address: 544 HEALTH BLVD
City-St-Zip: DAYTONA BEACH, FL 321141493

Title: ST (X) Delete
Name: PURANDARE, VINAYAK V
Address: 401 LAKEBRIDGE PLAZA DR SUITE A
City-St-Zip: ORMOND BEACH, FL 321745157

Title: D (X) Delete
Name: LATIF, S
Address: 544 HEALTH BLVD
City-St-Zip: DAYTONA BCH, FL 321141493

Title: D (X) Delete
Name: MOORJANI, HARJAS
Address: 3156 HASSI PT
City-St-Zip: LONGWOOD, FL 32779

Title: D (X) Delete
Name: MOORJANT, HARJAS
Address: 3156 MASSIPOINT
City-St-Zip: LONGWOOD, FL 32779

Title: D (X) Delete
Name: PEGORARO, ALFREDO
Address: 405 RAVENSHILL WAY
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: PATEL, VINOD B MD
Address: 544 HEALTH BLVD
City-St-Zip: DAYTONA BEACH, FL 321141493

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: VINOD B. PATEL, M.D.

P

01/06/2009

Electronic Signature of Signing Officer or Director

Date