

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000096713

FILED  
Mar 29, 2009  
Secretary of State

Entity Name: CITRUS NEPHROLOGY ASSOCIATES, INC.

**Current Principal Place of Business:**

7415 W GULF TO LAKE HWY  
CRYSTAL RIVER, FL 34429 US

**New Principal Place of Business:**

**Current Mailing Address:**

7415 W GULF TO LAKE HWY  
CRYSTAL RIVER, FL 34429 US

**New Mailing Address:**

FEI Number: 59-3353460

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REDDY, PADMA V MD  
7415 W GULF TO LAKE HWY  
CRYSTAL RIVER, FL 34429 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: REDDY, PADMA V  
Address: 7415 W GULF TO LAKE HWY  
City-St-Zip: CRYSTAL RIVER, FL

Title: VP ( ) Delete  
Name: SHAH, SANJIV  
Address: 7415 W GULF TO LAKE HWY  
City-St-Zip: CRYSTAL RIVER, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: REDDY, PADMA V  
Address: 7415 W GULF TO LAKE HWY  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: VP (X) Change ( ) Addition  
Name: SHAH, SANJIV  
Address: 7415 W GULF TO LAKE HWY  
City-St-Zip: CRYSTAL RIVER, FL 34429

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: PADMA V REDDY MD

D

03/29/2009

Electronic Signature of Signing Officer or Director

Date