


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000047353 (3)			
1. Corporation Name: MID FLORIDA NEPHROLOGISTS, INC.			
Principal Place of Business 2501 NORTH ORANGE AVENUE SUITE 537-N ORLANDO FL 32804		Mailing Address 2501 NORTH ORANGE AVENUE SUITE 537-N ORLANDO FL 32804-4603	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
9. Name and Address of Current Registered Agent AYCRIGG, CHRISTOPHER 2501 NORTH ORANGE AVENUE SUITE 537-N ORLANDO FL 32804			
10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City			
85 Zip Code			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE: <i>Christopher Aycrigg</i> DATE: 3/24/97			
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINS, DAVID S.	1.2 NAME	
STREET ADDRESS	20 OAKLEIGH LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MAITLAND FL 32751	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, JOSEPH W.	2.2 NAME	
STREET ADDRESS	970 STONEWOOD LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MAITLAND FL 32751	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACKLE, HOWARD A.	3.2 NAME	
STREET ADDRESS	625 RIVERPARK CIRCLE	3.3 STREET ADDRESS	
CITY - ST - ZIP	LONGWOOD FL 32779	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANJIT, UDAY K.	4.2 NAME	
STREET ADDRESS	326 VISTA OAK DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	LONGWOOD FL 32779	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYCRIGG, CHRISTOPHER	5.2 NAME	
STREET ADDRESS	401 JO-AL-CA AVENUE	5.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL 32789	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>Christopher Aycrigg</i> DATE: 3/24/97 (407)894-4693			
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR			



CR2E034 (9/96)