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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000047353 (3)

FILED Apr 01 1998 8:00am Secretary of State

	LORIDA NEPHROLOGISTS,							
Principal Place of Business Mailing Address								J100 1111 1001
2501 NORTH ORANGE AVENUE SUITE 537-N		2501 NORTH ORANGE AVENUE SUITE 537-N				DO NOT INDITE IN T	UC CDAOE	
ORLANDO F	FL 32804	ORLANDO FL 32804				DO NOT WRITE IN TH	IIS SPACE	
						3. Date Incorporated or Qualified 05/29/1996		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	I A	pplied For
21		26				59-3381054	N	ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	, -	Additional
22		27						equired
City & Stat	ite	City & State				6. Election Campaign Financing		May Be
Zip	Country	28 Zip	Co	untry	,	Trust Fund Contribution		to Fees
24	25	29	30		•	This corporation owes or has paid the Personal Property Tax due June 30.		itangibie ∐No
	9. Name and Address of Curren	· · · · · · · · · · · · · · · · · · ·	130	7		10. Name and Address of New Registers		
Δ\	YCRIGG, CHRISTOPHER			81	Name			
2 ! SI	501 NORTH ORANGE AVENUE UITE 537-N	82 Street Add			ess (P.O. Box Number is Not Acceptable)			
0	RLANDO FL 32804			83				
				84	City	F	85 Zip	Code
office or agent 1 a	registered agent, or both, in the State am familiar with, and accept the oblig Stgoalies, typed or professional mark of registerinasis			_	y the corporati s. ont signature require	oration submits this statement for the purposion's board of directors. I hereby accept the analysis of when reinstaling)		registered
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	RS IN 12
TITLE	D	☐ DEL é te	1.13	TITLE			Change	Addition
NAME	PINS, DAVID S.		1.2 N	AME				
STREET ADDRESS	20 OAKLEIGH LANE		1.3 9	STREET	ADDRESS			
CITY-ST-ZIP	MAITLAND FL 32751				ST-ZIP			
TITLE	D WARDEN ADDEDLINE	DELETE	2.1 1				☐ Change	Addition
NAME	WARREN, JOSEPH W.			NAME				
STREET ADDRESS	970 STONEWOOD LANE MAITLAND FL 32751		2.3 9	STREET	ADDRESS			
CITY-ST-ZIP TITLE	n MATILAND PL 32/31							
THE					ST-ZIP		Channe	Addition
NAME	SACKLE, HOWARD A	DELETE	3.1 T	ITLE	ST-ZIP		Change	Addition
NAME STREET ADDRESS	SACKLE, HOWARD A. 625 RIVERPARK CIRCLE	☐ DELETE	3.1 T 3.2 N	ITLE NAME			Change	Addition
STREET ADDRESS	625 RIVERPARK CIRCLE	DELETE	3.1 T 3.2 N 3.3 S	ITLE NAME STREET	ADDRESS		☐ Change	Addition
	625 RIVERPARK CIRCLE LONGWOOD FL 32779	DELETE	3.1 T 3.2 N 3.3 S	IITLE NAME STREET CITY~S			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	625 RIVERPARK CIRCLE LONGWOOD FL 32779 D		3.1 T 3.2 M 3.3 S 3.4. I 4.1 T	IITLE NAME STREET CITY~S	ADDRESS ST-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE	625 RIVERPARK CIRCLE LONGWOOD FL 32779		3.1 T 3.2 N 3.3 S 3.4.1 4.1 T 4.21	ITLE NAME STREET CITY STILLE NAME	ADDRESS ST-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE NAME	625 RIVERPARK CIRCLE LONGWOOD FL 32779 D RANJIT, UDAY K.	DELETE	3.1 T 3.2 N 3.3 S 3.4.1 4.1 T 4.21 4.3 S	ITLE NAME STREET CITY STILLE NAME	ADDRESS ST-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	625 RIVERPARK CIRCLE LONGWOOD FL 32779 D RANJIT, UDAY K. 326 VISTA OAK DRIVE LONGWOOD FL 32779		3.1 T 3.2 N 3.3 S 3.4.1 4.1 T 4.21 4.3 S	THE NAME STREET CITY S THE NAME STREET CITY S	ADDRESS ST-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	625 RIVERPARK CIRCLE LONGWOOD FL 32779 D RANJIT, UDAY K. 326 VISTA OAK DRIVE LONGWOOD FL 32779 D AYCRIGG, CHRISTOPHER	DELETE	3.1 T 3.2 N 3.3 S 3.4.1 4.1 T 4.21 4.3 S 4.4 C	THE TAME THE THE THE THE THE THE THE T	ADDRESS ST-ZIP		Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	625 RIVERPARK CIRCLE LONGWOOD FL 32779 D RANJIT, UDAY K. 326 VISTA OAK DRIVE LONGWOOD FL 32779 D AYCRIGG, CHRISTOPHER 401 JO-AL-CA AVENUE	DELETE	3.1 T 3.2 M 3.3 S 3.4.1 4.1 T 4.2 I 4.3 S 4.4 C 5.1 T 5.2 M	TITLE NAME STREET TITLE NAME STREET CITY-S TITLE NAME	ADDRESS ST-ZIP		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	625 RIVERPARK CIRCLE LONGWOOD FL 32779 D RANJIT, UDAY K. 326 VISTA OAK DRIVE LONGWOOD FL 32779 D AYCRIGG, CHRISTOPHER] DELETE	3.11 3.2N 3.3S 3.4.1 4.17 4.21 4.3S 4.4.0 5.11 5.2N 5.3S	STREET ST	ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS ST-ZIP	,	☐ Change	Addition Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	625 RIVERPARK CIRCLE LONGWOOD FL 32779 D RANJIT, UDAY K. 326 VISTA OAK DRIVE LONGWOOD FL 32779 D AYCRIGG, CHRISTOPHER 401 JO-AL-CA AVENUE] DELETE	3.11 3.2N 3.3S 3.4.1 4.1T 4.2I 4.3S 4.4.0 5.1T 5.2N 5.3S 5.4.0	COTTLE CONTY-S	ADDRESS ST-ZIP ADDRESS ST-ZIP D SP	MTINI, JOSE L	☐ Change ☐ Change ☐ Change	☐ Addition☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	625 RIVERPARK CIRCLE LONGWOOD FL 32779 D RANJIT, UDAY K. 326 VISTA OAK DRIVE LONGWOOD FL 32779 D AYCRIGG, CHRISTOPHER 401 JO-AL-CA AVENUE] DELETE	3.11 3.2N 3.3S 3.4.1 4.1T 4.2I 4.3S 4.4.0 5.1T 5.2N 5.3S 5.4.0 6.1T 6.2N	TITLE TAME STREET COTY-S TILE NAME STREET TAME TILE T	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP D SA ADDRESS 5 7	INTINI, JOSE L PO EAGLE CROSSING PLAN THE MARY FL 3274	☐ Change ☐ Change ☐ Change	☐ Addition☐ Addition

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal 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: