

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90034 002 ***150.00

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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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1996

4. FEI Number

59-3381054

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PINS, DAVID S.
STREET ADDRESS 20 OAKLEIGH LANE
CITY-ST-ZIP MAITLAND FL 32751

TITLE D ☐ DELETE

NAME WARREN, JOSEPH W.
STREET ADDRESS 970 STONEWOOD LANE
CITY-ST-ZIP MAITLAND FL 32751

TITLE D ☐ DELETE

NAME SACKLE, HOWARD A.
STREET ADDRESS 625 RIVERPARK CIRCLE
CITY-ST-ZIP LONGWOOD FL 32779

TITLE D ☐ DELETE

NAME RANJIT, UDAY K.
STREET ADDRESS 326 VISTA OAK DRIVE
CITY-ST-ZIP LONGWOOD FL 32779

TITLE D ☐ DELETE

NAME AYCRIGG, CHRISTOPHER
STREET ADDRESS 401 JO-AL-CA AVENUE
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☐ DELETE

NAME SANTINI, JOSE L.
STREET ADDRESS 570 EAGLE CROSSING PLACE
CITY-ST-ZIP LAKE MARY FL 32746

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)