
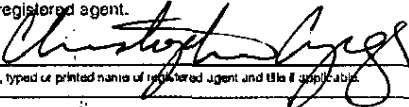


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90266 042 ***150.00

DOCUMENT # P96000047353 1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip		Country	
4. FEI Number 59-3381054				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AYCRIGG, CHRISTOPHER 2501 NORTH ORANGE AVENUE SUITE 537-N ORLANDO, FL 32804			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <u>4/23/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PINS, DAVID S.		NAME	Timothy Dyonell	
STREET ADDRESS	20 OAKLEIGH LANE		STREET ADDRESS	351 Prima Vera Cove	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	Altamonte Spring FL 32714	
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WARREN, JOSEPH W.		NAME	Alfred Rodriguez	
STREET ADDRESS	970 STONEWOOD LANE		STREET ADDRESS	6551 Hidden Glade Drive	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	Sanford FL 32771	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SACKLE, HOWARD A.		NAME		
STREET ADDRESS	625 RIVERPARK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RANJIT, UDAY K.		NAME		
STREET ADDRESS	326 VISTA OAK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AYCRIGG, CHRISTOPHER		NAME		
STREET ADDRESS	401 JO-AL-CA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANTINI, JOSE L.		NAME		
STREET ADDRESS	570 EAGLE CROSSING PLACE		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL 32748		CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 