

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000047353

FILED
Feb 15, 2006
Secretary of State

Entity Name: MID FLORIDA NEPHROLOGISTS, INC.

Current Principal Place of Business:

2501 NORTH ORANGE AVENUE
SUITE 537-N
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

2501 NORTH ORANGE AVENUE
SUITE 537-N
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 59-3381054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AYCRIGG, CHRISTOPHER
2501 NORTH ORANGE AVENUE
SUITE 537-N
ORLANDO, FL 32804 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: DYONELL, TIMOTHY
Address: 351 PRIMA VERA COVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: WARREN, JOSEPH W.
Address: 970 STONEWOOD LANE
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: SACKLE, HOWARD A.
Address: 625 RIVERPARK CIRCLE
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: RANJIT, UDAY K.
Address: 326 VISTA OAK DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: AYCRIGG, CHRISTOPHER
Address: 401 JO-AL-CA AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: SANTINI, JOSE L.
Address: 570 EAGLE CROSSING PLACE
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY D YOUELL

D

02/15/2006

Electronic Signature of Signing Officer or Director

Date