

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90202 026 \*\*\*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

Country

Zip

Country

4. FEI Number **59-3381054**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	PINS, DAVID S.	20 OAKLEIGH LANE MAITLAND FL 32751				
	D	WARREN, JOSEPH W.	970 STONEWOOD LANE MAITLAND FL 32751				
	D	SACKLE, HOWARD A.	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 WINTER PARK FL 32789				
	D	SANTINI, JOSE L.	570 EAGLE CROSSING PLACE LAKE MARY FL 32746				

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:

*Christopher Aycrigg* 3/20/03 (407) 894-4692  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)