

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000055750**

1. Entity Name  
**NEPHROLOGY GROUP OF NORTHEAST FLORIDA, P.A.**



Principal Place of Business  
**4131 UNIVERSITY BLVD S.  
#6  
JACKSONVILLE, FL 32216**

Mailing Address  
**4131 UNIVERSITY BLVD S.  
#6  
JACKSONVILLE, FL 32216**



04242008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3387518</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ASHOURI, MD, O S  
4131 UNIVERSITY BLVD S.  
STE #6  
JACKSONVILLE, FL 32216**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U00000947397  
06/02/08-80014-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ASHOURI, O S
STREET ADDRESS	4131 UNIVERSITY BLVD. S. #6
CITY-ST-ZIP	JACKSONVILLE, FL 32216

TITLE	VP
NAME	HARMON, IRA
STREET ADDRESS	4131 UNIVERSITY BLVD. S. #6
CITY-ST-ZIP	JACKSONVILLE, FL 32209

TITLE	VP
NAME	CU, GIL
STREET ADDRESS	4131 UNIVERSITY BLVD. S. #6
CITY-ST-ZIP	JACKSONVILLE, FL 32216

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/08*  
Date

Daytime Phone #