

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000055750

FILED
Apr 28, 2009
Secretary of State

Entity Name: NEPHROLOGY GROUP OF NORTHEAST FLORIDA, P.A.

Current Principal Place of Business:

4131 UNIVERSITY BLVD S.
#6
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4131 UNIVERSITY BLVD S.
#6
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3387518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CU, GIL A
4131 UNIVERSITY BLVD S.
STE #6
JACKSONVILLE, FL 32216 US

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: GIL A CU

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ASHOURI, O S
Address: 4131 UNIVERSITY BLVD. S. #6
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP () Delete
Name: HARMON, IRA
Address: 4131 UNIVERSITY BLVD. S. #6
City-St-Zip: JACKSONVILLE, FL 32209

Title: VP () Delete
Name: CU, GIL
Address: 4131 UNIVERSITY BLVD. S. #6
City-St-Zip: JACKSONVILLE, FL 32216

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HARMON, IRA
Address: 4131 UNIVERSITY BLVD. S. #6
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP (X) Change () Addition
Name: HAIDER, NAEEM
Address: 4131 UNIVERSITY BLVD. S. #6
City-St-Zip: JACKSONVILLE, FL 32209

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

Title: VP () Change (X) Addition
Name: BARAKZOY, AHMAD
Address: 4131 UNIVERSITY BLVD S #6
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify 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: GIL A CU

MD

04/28/2009

Electronic Signature of Signing Officer or Director

Date