FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90008 031 ***150.00

- 1 SERVICEDE DIS EDITO PRODUCTION SONO DANCE DANCE DANCE DISTRICTURE DISTRICTURE DE CONTRACTOR DE C

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000061856

RENAL ASSOCIATES, P.A.

Principal Place	of Business	Mailing Address				- I SBETIBER ING CORFL TOOM WOULD BOTH BOTH BOTH BOTH TOOM FAIRS OF STATE O			
SUITE 302 SUITE 302 1201 FIFTH AVENUE NORTH ST. PETERSBURG FL 33705 ST. PETERSBURG						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
						07/15/1997			
Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For			
21 26						59-3464849 Not Applicable			
Suite, Apt.	Suite, Apt. #, etc.	Apt. #, etc.			5. Certificate of Status Desired				
City & State City & State						6. Election Campaign Financing Trust Fund Contribution . \$5.00 May Be Added to Fees			
Zip Country Zip			Country			8. This corporation owes the current year Intangible			
24	29 30								
	9. Name and Address of Curre	nt Registered Agent	81	4 1 A	lame	10. Name and Address of New Registered Agent			
RI77	O GERAID I MD		61	' '	iame				
RIZZO, GERALD J M.D. SUITE 302			82	2 S	treet Addre	ess (P.O. Box Number is Not Acceptable)			
1201 FIFTH AVENUE NORTH			83	3					
ST. I	PETERSBURG FL 33705			⊥.		85 Zip Code			
			84	4 C	City	FL 85 Zip Code			
office or n agent. I a SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was autho pations of, Section 607.0505, Florida	orized by Statute:	y the s.	corporation	oration submits this statement for the purpose of changing its registered n's board of directors. I hereby accept the appointment as registered			
-	Signature, typed or printed name of registered ag	, , , , , , , , , , , , , , , , , , , ,		ent sig	nature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12.	P OFFICERS A	OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS AND BIRESTOKS IN 12			
TITLE Namé	RIZZO, GERALD J	1.2 N				- ' -			
STREET ADDRESS	1201 5TH AVE , 302				DRESS				
CITY-ST-ZIP	ST. PETE. FL 33705					<u> </u>			
TITLE	01.1 E1E. 7 E 307 00	. DELETE 2.1 π				☐ Change ☐ Addition			
NAME		2.2 N							
STREET ADDRESS		2.3 \$		ET ADI	DRESS				
CITY-ST-ZIP			2.4 CITY-	ST-Z	<u> </u>				
TITLE		☐ DELETE 3.1 T				☐ Change ☐ Addition			
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE		1				
CITY-ST-ZIP			3.4. CITY- 4.1 TITLE		iP	☐ Change ☐ Addition			
TITLE			4. 2 NAME						
NAME STREET ADDRESS	-		4.2 NAME 4.3 STREE		DRESS				
		:	4.4 CITY-5			,			
CITY-ST-ZIP		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition			
NAME			5.2 NAME	Ē					
STREET ADDRESS			5.3 STREE	ET ADI	DRESS				
CITY-ST-ZIP			5.4 CITY-		Р				
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition			
NAME .	en e		6.2 NAME						
ATDEET + DADEES	4.00 · 通过最后的 (4.14) 第二十二		6.3 STREE	ET ADI	DRESS {				

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

C	IG	N	Λ7	ГІ	D	
		IV.	-			•

STREET ADDRESS

721-821-2388