

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064592

1. Entity Name

NEPHROLOGY SPECIALISTS, P.A.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90061 031 \*\*\*150.00

Principal Place of Business

Mailing Address

14104 SNEAD CIRCLE  
 ORLANDO FL 32837

14104 SNEAD CIRCLE  
 ORLANDO FL 32837-7031

00043740



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9084 Great Heron Circle

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando FL

4. FEI Number

59-3524348

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BHARGAVA, AMIT

14104 SNEAD CIRCLE

ORLANDO FL 32837

9084 Great Heron Circle  
 Orlando FL 32836

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.

SIGNATURE

*Amit Bhargava*

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

(NOTE: Registered Agent signature required when reinstating)

4/26/00

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

☐

\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PSTD  
 BHARGAVA, AMIT  
 14104 SNEAD CIRCLE 9084 Great Heron Circle  
 ORLANDO FL 32837 Orlando FL 32836

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Amit Bhargava*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

Daytime Phone #

CR2E034 (9/99)