

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000053863	
1. Entity Name PENSACOLA NEPHROLOGY, P.A.	

Principal Place of Business 5149 N. 9TH AVE., STE. G35 PENSACOLA, FL 32504	Mailing Address 5149 N. 9TH AVE., STE. G35 PENSACOLA, FL 32504
--	--



03062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3580766	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUMEDA, HUMAM M.D.
5149 N. 9TH AVE., STE. G35
PENSACOLA, FL 32504

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)

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
---	--	-----------------------------

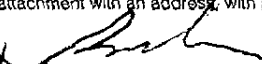
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HUMEDA, HUMAM M.D. 4104 BRITTANY PLACE PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRIEDLAND, EDWARD MD 1717 NE ST SUITE 403 PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILES, RONNIE MD 1717 N.E. E. ST. SUITE 403 PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000529147
05/05/06-80061-022 150.00

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.

SIGNATURES  **Bonnie Wiles, MD, VP** 3/20/06 850-444-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #