

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000053863

FILED  
Mar 09, 2009  
Secretary of State

Entity Name: PENSACOLA NEPHROLOGY, P.A.

## Current Principal Place of Business:

5149 N. 9TH AVE., STE. G35  
PENSACOLA, FL 32504

## New Principal Place of Business:

1717 N E STREET  
SUITE 403  
PENSACOLA, FL 32501

## Current Mailing Address:

5149 N. 9TH AVE., STE. G35  
PENSACOLA, FL 32504

## New Mailing Address:

1717 N E STREET  
SUITE 403  
PENSACOLA, FL 32501

FEI Number: 59-3580766

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

BREELAND, PATRICIA T  
1717 N E STREET  
SUITE 403  
PENSACOLA, FL 32501 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: PATRICIA T BREELAND

03/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HUMEDA, HUMAM M.D.  
Address: 4104 BRITTANY PLACE  
City-St-Zip: PENSACOLA, FL 32504

Title: V ( ) Delete  
Name: FRIEDLAND, EDWARD MD  
Address: 1717 NE ST SUITE 403  
City-St-Zip: PENSACOLA, FL 32501

Title: VS ( ) Delete  
Name: WILES, RONNIE MD  
Address: 1717 N.E. E. ST. SUITE 403  
City-St-Zip: PENSACOLA, FL 32501

Title: D ( ) Delete  
Name: REID, CHRIS  
Address: 1711 NE STREET STE 403  
City-St-Zip: PENSACOLA, FL 32501

Title: D ( ) Delete  
Name: MAGED, NAJHED  
Address: 1717 N.E. STREET STE 403  
City-St-Zip: PENSACOLA, FL 32501

Title: D ( ) Delete  
Name: NABRAWI, NICHOLAS  
Address: 1717 NE STREET, STE 403  
City-St-Zip: PENSACOLA, FL 32501

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HUMEDA, HUMAM M.D.  
Address: 5149 N. 9TH AVE., STE. G35  
City-St-Zip: PENSACOLA, FL 32504

Title: V (X) Change ( ) Addition  
Name: FRIEDLAND, EDWARD MD  
Address: 1717 N E ST SUITE 403  
City-St-Zip: PENSACOLA, FL 32501

Title: VS (X) Change ( ) Addition  
Name: WILES, RONNIE MD  
Address: 1717 N.E. STREET SUITE 403  
City-St-Zip: PENSACOLA, FL 32501

Title: D (X) Change ( ) Addition  
Name: REID, CHRIS MD  
Address: 1711 N E STREET STE 403  
City-St-Zip: PENSACOLA, FL 32501

Title: D (X) Change ( ) Addition  
Name: MAGED, NASHED MD  
Address: 1717 N.E. STREET STE 403  
City-St-Zip: PENSACOLA, FL 32501

Title: D (X) Change ( ) Addition  
Name: NAGRANI, NICHOLAS MD  
Address: 1717 N E STREET, STE 403  
City-St-Zip: PENSACOLA, FL 32501

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: PATRICIA T. BREELAND

MGR

03/09/2009

Electronic Signature of Signing Officer or Director

Date