2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000053863

Entity Name: PENSACOLA NEPHROLOGY, P.A.

FILED Mar 14, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1717 N E STREET SUITE 403

PENSACOLA, FL 32501 US

Current Mailing Address: 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: 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: Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title:

 Name:
 HUMEDA, HUMAM
 M.D.

 Address:
 1717 N E ST SUITE 403

 City-St-Zip:
 PENSACOLA, FL 32504 US

Title: V

 Name:
 FRIEDLAND, EDWARD L MD

 Address:
 1717 N E ST SUITE 403

 City-St-Zip:
 PENSACOLA, FL 32501 US

Title: ST

 Name:
 WILES, RONNIE MD

 Address:
 1717 N E STREET SUITE 403

 City-St-Zip:
 PENSACOLA, FL 32501 US

Title: [

Name: REID, CHRIS MD

Address: 1711 N E STREET STE 403 City-St-Zip: PENSACOLA, FL 32501 US

Title: [

 Name:
 MAGED, NASHED MD

 Address:
 1717 N.E. STREET STE 403

 City-St-Zip:
 PENSACOLA, FL 32501 US

Title:

 Name:
 NAGRANI, NICHOLAS MD

 Address:
 1717 N E STREET, STE 403

 City-St-Zip:
 PENSACOLA, FL 32501 US

I hereby 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 all other like empowered.

SIGNATURE: EDWARD L. FRIEDLAND VP 03/14/2011