

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000108178

FILED  
Jan 27, 2007  
Secretary of State

Entity Name: AMERICAN NEPHROLOGY ASSOCIATES, P.A.

**Current Principal Place of Business:**

9430 TURKEYLAKE ROAD  
SUITE#214  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 692036  
ORLANDO, FL 328692036 US

**New Mailing Address:**

FEI Number: 59-3611460

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JAFAR, MAHMOOD  
10051 HONEYTREE CT  
ORLANDO, FL 32836 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: JAFAR, MAHMOOD  
Address: 10051 HONEYTREE CT  
City-St-Zip: ORLANDO, FL 32836

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAFAR MAHMOOD

D

01/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date