

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$660 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$760

APPROVED
AND
FILED

pg. 1 of 2

97 OCT 13 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S78582** (1)

1. Corporation Name
NEPHRON CORPORATION

Principal Place of Business

**2904 BAY DRIVE
BRADENTON FL 34207-5607**

Mailing Address

**2904 BAY DRIVE
BRADENTON FL 34207-5607**

2. Principal Place of Business 21 5904 Pointe W Blvd. Suite, Apt. #, etc. 22 City & State 23 Bradenton, FL Zip 24 34209	2a. Mailing Address 26 5904 Pointe W Blvd. Suite, Apt. #, etc. 27 City & State 28 Bradenton, FL Zip 29 34209
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3. Date Incorporated or Qualified 09/09/1991	3a. Date of Last Report 02/29/1996
4. FEI Number 65-0284827	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BERKES, STEPHEN
5904 POINTE WEST BLVD
BRADENTON FL 34209**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Stephen Berk

Sept. 30, 1997

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Stephen Berk

Sept. 30, 1997 941-792-3353

CR2E034 (4/97)

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Bradenton Nephrology & Hypertension Associates

STEPHEN L. BERKES, M.D., P.A.

POINTE WEST MEDICAL CENTER
5904 POINTE WEST BOULEVARD
BRADENTON, FLORIDA 34209
(813) 792-3353

October 10, 1997

Amy Alan
Florida Department of State
Div of Corporations
PO Box 6327
Tallahassee FL 32314

Re: Nephron Corporation

Dear Ms. Alan,

Attached please find paperwork for the Nephron Corporation. Please note the letter from you dated 9/17/97 which indicates that you have received a letter justifying the late filing from Tom Brookover, so I do not understand the reason for the second letter dated 10/7/97.

All papers and checks are attached.

Thank you.

Sincerely,

Stephen L. Berkes, M.D.

SLB/tjs