

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90058 037 ***150.00

DOCUMENT # S78582
1. Entity Name
Nephron Corporation

DO NOT WRITE IN THIS SPACE

870213

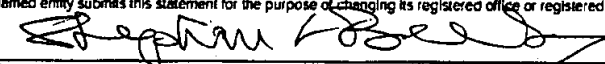
2. Principal Place of Business 5904 Pt. W. Blvd.
3. Mailing Address 5904 Pt. W. Blvd.
Suite, Apt. #, etc. Suite, Apt. #, etc.

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City & State Bradenton FL **City & State** Bradenton FL
Zip 34209 **Country** Manatee **Zip** 34209 **Country** Manatee
4. FEI Number 050284827 **Applied For** Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent
Name Berkes, Stephen
Street Address (P.O. Box Number is Not Acceptable)
5904 Pointe West Blvd.
City Bradenton **FL** **Zip Code** 34209


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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.
SIGNATURE  **DATE** 4/29/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when renewing)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ **January 1 - May 1 Fee is \$150.00**
After May 1, Fee is \$550.00
Amended UBR is \$81.25
Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE	President	TITLE	
NAME	Berkes, Stephen L MO.	NAME	
STREET ADDRESS	5904 Pt. W. Blvd.	STREET ADDRESS	
CITY-ST-ZIP	Bradenton FL 34209	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.
SIGNATURE:  **DATE** 4/30/02 **Daytime Phone #** 941-792-3353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR020348 (12/01)



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

Attachment
Document #
S78582

870213

June 2, 2002

NEPHRON CORPORATION
5904 POINTE W. BLVD.
BRADENTON, FL 34209

Subject: NEPHRON CORPORATION

Reference Number: S78582

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please sign and return your check submitted with the annual report/uniform business report.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/AM

ANNUAL REPORTS SECTION

PLEASE RETURN