

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 521520

**Entity Name:** NEPHROLOGY ASSOCIATES OF SARASOTA, P.A.

**Current Principal Place of Business:**

1921 WALDEMERE ST  
SUITE 413  
SARASOTA, FL 34239

**Current Mailing Address:**

1921 WALDEMERE ST  
SUITE 413  
SARASOTA, FL 34239 US

**FEI Number:** 59-1711112

**Certificate of Status Desired:** No

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

GHOSE, RANJAN PMO  
1921 WALDEMERE STREET  
#413  
SARASOTA, FL 34239 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

**Officer/Director Detail :**

Title VP  
Name GHOSE, RANJAN PMD  
Address 1921 WALDEMERE ST #413  
City-State-Zip: SARASOTA FL 34239

Title PRESIDENT  
Name COVER, DOMENICK EMD  
Address 1921 WALDEMERE ST #413  
City-State-Zip: SARASOTA FL 34239

Title TREASURER  
Name SASTRY, ASHOK DMD  
Address 1921 WALDEMERE ST #413  
City-State-Zip: SARASOTA FL 34239

*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:** DOMENICK COVER

**PRESIDENT**

**03/02/2016**

Electronic Signature of Signing Officer/Director Detail

Date