

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 551662

**Entity Name:** NORTH FLORIDA NEPHROLOGY ASSOCIATES, P.A.

**Current Principal Place of Business:**

2617 MITCHAM DRIVE, STE 102  
TALLAHASSEE, FL 32308-5479

**Current Mailing Address:**

2617 MITCHAM DRIVE, STE 102  
TALLAHASSEE, FL 32308-5479 US

**FEI Number:** 59-1778575

**Certificate of Status Desired:** No

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

KOLLI, HARI K MD  
2617 MITCHAM DRIVE, STE 102  
TALLAHASSEE, FL 32308-5479 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:** HARI K KOLLI, MD

04/02/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name KOLLI, HARI K MD  
Address 2617 MITCHAM DRIVE, STE 102  
City-State-Zip: TALLAHASSEE FL 32308-5479

Title DIRECTOR  
Name PATEL, KAUSHAL P MD  
Address 2617 MITCHAM DRIVE, STE 102  
City-State-Zip: TALLAHASSEE FL 32308-5479

Title OFFICE MANAGER  
Name WALKER, DIANE L  
Address 2617 MITCHAM DRIVE, STE 102  
City-State-Zip: TALLAHASSEE FL 32308-5479

*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:** DIANE L WALKER

OFFICE MANAGER

04/02/2024

Electronic Signature of Signing Officer/Director Detail

Date