2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2021
Secretary of State
7537536148CC

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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:

DOLL, HAROLD A 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: HAROLD A DOLL, JR. MD 02/17/2021

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR	Title	DIRECTOR
Name	KOLLI, HARI K MD	Name	PATEL, KAUSHAL P MD
Address	2617 MITCHAM DRIVE, STE 102	Address	2617 MITCHAM DRIVE, STE 102
City-State-Zip:	TALLAHASSEE FL 32308-5479	City-State-Zip:	TALLAHASSEE FL 32308-5479
Title	OFFICE MANAGER	Title	DIRECTOR
Name	WALKER, DIANE L	Name	KHALILLULLAH, SAYEED MD
Address	2617 MITCHAM DRIVE, STE 102	Address	2617 MITCHAM DRIVE, STE 102
City-State-Zip:	TALLAHASSEE FL 32308-5479	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 02/17/2021

Electronic Signature of Signing Officer/Director Detail — Date