2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2014
Secretary of State
CC8462324915

DOCUMENT# 551662

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

Current Principal Place of Business:

1609 PHYSICIANS DR.
TALLAHASSEE, FL 32308

Current Mailing Address:

1609 PHYSICIANS DR.
TALLAHASSEE, FL 32308

FEI Number: 59-1778575

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DOLL, HAROLD A DR.
1609 PHYSICIANS DR
TALLAHASSEE, FL 32308 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 01/21/2014

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PD
Name	HANSEN, GARY P
Address	1609 PHYSICIANS DR.
City-State-Zip:	TALLAHASSEE FL 32308

Title	D
Name	GABOURY, CYNTHIA L
Address	1609 PHYSICIANS DR.
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR
Name	PATEL, KAUSHAL P MD
Address	1609 PHYSICIANS DR.
City-State-Zip:	TALLAHASSEE FL 32308

Title	STD
Name	DOLL, H AJR
Address	1609 PHYSICIANS DR.
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR
Name	KOLLI, HARI K MD
Address	1609 PHYSICIANS DR.
City-State-Zip:	TALLAHASSEE FL 32308

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: HAROLD A. DOLL, JR., MD SEC/TREAS 01/21/2014

Electronic Signature of Signing Officer/Director Detail — Date