

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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

02/02/2016

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

Title OFFICE MANAGER
Name WALKER, DIANE L
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 PATEL, KAUSHAL P 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: DIANE L WALKER

OFFICE MANAGER

02/02/2016

Electronic Signature of Signing Officer/Director Detail

Date