

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 578236

Entity Name: NEPHROLOGY ASSOCIATES OF SOUTH MIAMI, P.A.**Current Principal Place of Business:**9193 S W 72 ST
STE - 200
MIAMI, FL 33173**Current Mailing Address:**9193 S W 72 ST
STE - 200
MIAMI, FL 33173 US**FEI Number:** 59-1837768**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUSSE, JORGE
9193 S W 72 ST
STE - 200
MIAMI, FL 33173 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:** JORGE C. BUSSE

01/15/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BUSSE, JORGE C
Address 9193 SW 72 STREET
 SUITE 200
City-State-Zip: MIAMI FL 33173

Title SECRETARY, TREASURER
Name BARRETO, GASPAR A
Address 9193 SW 72 STREET
 SUITE 200
City-State-Zip: MIAMI FL 33173

Title VP
Name GOMEZ, EMILIO J
Address 9193 SW 72 STREET
 SUITE 200
City-State-Zip: MIAMI FL 33173

Title VP
Name TRESPALACIOS, FERNANDO C
Address 9193 SW 72 STREET
 SUITE 200
City-State-Zip: MIAMI FL 33173

Title VP
Name FARIAS, ANTONY A
Address 9193 SW 72 STREET
 SUITE 200
City-State-Zip: MIAMI FL 33173

Title VP
Name TRUEBA, DAVID M
Address 9193 SW 72 STREET
 SUITE 200
City-State-Zip: MIAMI FL 33173

Title VP
Name ACEVEDO, BERNICE C.
Address 9193 SW 72 STREET
 SUITE 200
City-State-Zip: MIAMI FL 33173

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: JORGE BUSSE

P

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date