

**2013 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:**EDGARDO L. PELLEGRINI  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PD
Name	PELLEGRINI, EDGARDO L.
Address	8881 SW 68 AVENUE
City-State-Zip:	MIAMI FL 33176

Title	SECRETARY, TREASURER
Name	BUSSE, JORGE C
Address	9375 S.W. 60 AVENUE
City-State-Zip:	MIAMI FL 33156

Title	VP
Name	BARRETO, GASPAR A
Address	7334 N.W. 108 COURT
City-State-Zip:	MIAMI FL 33178

Title	VP
Name	GOMEZ, EMILIO J
Address	9335 S.W. 72 AVENUE
City-State-Zip:	MIAMI FL 33156

Title	VP
Name	TRESPALACIOS, FERNANDO C
Address	9210 S.W. 75 STREET
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:** EDGARDO L. PELLEGRINI**PRESIDENT****02/01/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date