

2014 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

02/26/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title	SECRETARY, TREASURER
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

Title	VP
Name	FARIAS, ANTONY A
Address	475 BRICKELL AVENUE APT 2510
City-State-Zip:	MIAMI FL 33131

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 C. BUSSE

PRESIDENT

02/26/2014

Electronic Signature of Signing Officer/Director Detail

Date