

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J87657

**Entity Name:** KIDNEY DISEASE CONSULTANTS OF BRADENTON, P.A.

**Current Principal Place of Business:**

508 MANATEE AVE E  
BRADENTON, FL 34208

**Current Mailing Address:**

508 MANATEE AVE. E.  
BRADENTON, FL 34208 US

**FEI Number:** 59-2827769

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BLALOCK WALTERS, P.A.  
802 11TH STREET WEST  
BRADENTON, FL 34205 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 D  
Name BRAXTAN, THOMAS N  
Address 510 63RD ST., N.W.  
City-State-Zip: BRADENTON FL 34209

Title V  
Name GURUSWAMY, RAMAMURTHY  
Address 1107 91ST STREET N.W.  
City-State-Zip: BRADENTON FL 34209

*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:** THOMAS N BRAXTAN

D

02/26/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date