
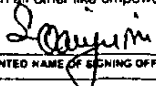


**FILED**  
**Feb 05, 2008 8:00 am**  
**Secretary of State**

01-08-2008 90004 018 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # 750734</b>					
1. Entity Name 7109 MAINTENANCE CORPORATION					
Principal Place of Business 7109 N.W. 11TH PLACE GAINESVILLE, FL 32605			Mailing Address 7109 N.W. 11TH PLACE GAINESVILLE, FL 32605		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1989884	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
QAIYUMI, SHAHEDA M.D. 7109 NW 11TH PLACE SUITE A GAINESVILLE, FL 32605				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
				Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DRYFUSS, JOHN	NAME			
STREET ADDRESS	7109 NW 11TH PLACE	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EVBAV, GUVOL M.D.	NAME			
STREET ADDRESS	7109 NORTHWEST 11TH PLACE STE B	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32605	CITY-ST-ZIP			
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LANDAY, STEPHEN E	NAME			
STREET ADDRESS	7109 NW 11TH PLACE	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	QAIYUMI, SHAHEDA	NAME			
STREET ADDRESS	7109 N.W. 11TH PL	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEITZEL, KENT	NAME			
STREET ADDRESS	7109 N.W. 11TH PL	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Elizabeth Pattino	NAME			
STREET ADDRESS	7109 N.W. 11th Place	STREET ADDRESS			
CITY-ST-ZIP	Gainesville, FL 32605	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		1-4-08		352-331-2890	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone</small>	

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01042008 Chg-NP CR2E037 (12/06)