

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 14, 2009
Secretary of State**

DOCUMENT# 750734

Entity Name: 7109 MAINTENANCE CORPORATION

Current Principal Place of Business:

7109 N.W. 11TH PLACE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

7109 N.W. 11TH PLACE
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 59-1989884 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QAIYUMI, SHAHEDA M.D.
7109 NW 11TH PLACE
SUITE A
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DRYFUSS, JOHN,
Address: 7109 NW 11TH PLACE
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: EVBAY, GUVOL M.D.
Address: 7109 NORTHWEST 11TH PLACE STE B
City-St-Zip: GAINESVILLE, FL 32605

Title: DST () Delete
Name: LANDAY, STEPHEN E,
Address: 7109 NW 11TH PLACE
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: QAIYUMI, SHAHEDA
Address: 7109 N.W. 11TH PL
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: PATTINO, ELIZABETH
Address: 7109 N.W. 11TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: DRYFUSS, JOHN,
Address: 7109 NW 11TH PLACE SUITE C & D
City-St-Zip: GAINESVILLE, FL

Title: DR. (X) Change () Addition
Name: EVBAY, GUVOL M.D.
Address: 7109 NORTHWEST 11TH PLACE STE B
City-St-Zip: GAINESVILLE, FL 32605

Title: DR (X) Change () Addition
Name: LANDAY, STEPHEN E,
Address: 7109 NW 11TH PLACE
City-St-Zip: GAINESVILLE, FL

Title: DR (X) Change () Addition
Name: QAIYUMI, SHAHEDA
Address: 7109 N.W. 11TH PL SUITE A
City-St-Zip: GAINESVILLE, FL

Title: DR (X) Change () Addition
Name: PATTINO, ELIZABETH
Address: 7109 N.W. 11TH PLACE SUITE F
City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAHEDA QAIYUMI

DR.

01/14/2009

Electronic Signature of Signing Officer or Director

Date