2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # G31269

1. Entity Name
HALIFAX EMERGENCY PHYSICIANS MEEK & ASSOCIATES, M.D., P.A.

Principal Place of Business	Mailing Address
303 N CLYDE MORRIS BLVD P O BOX 11107 DAYTONA BCH, FL 32114-2709	P O BOX 11107 DAYTONA BEACH, FL 32120 US

02032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2271175

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MEEK, WILLIAM H.
303 N CLYDE MORRIS BLVD
DAYTONA BCH., FL 32015

DO NOT WRITE IN THIS SPACE

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: _____ (If Registered Agent signature required, if changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DSVP
NAME	MACMAHON, KEVIN
STREET ADDRESS	303 N CLYDE MORRIS BLVD
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	DPT
NAME	MEEK, WILLIAM H
STREET ADDRESS	303 N CLYDE MORRIS BLVD
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	1VP
NAME	HENSON, JAMES
STREET ADDRESS	303 N CLYDE MORRIS BLVD
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	4VP
NAME	MATHIS, ROBERT
STREET ADDRESS	303 N CLYDE MORRIS BLVD
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	5VP
NAME	ADAMS, OMAR
STREET ADDRESS	303 N CLYDE MORRIS BLVD
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000039305
02/07/04-80003-003 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: William H Meek 2/04/2004 386-253-3116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #