
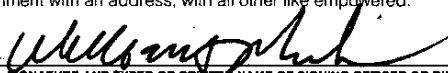


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90153 006 \*\*\*150.00

<b>DOCUMENT # G31269</b>					
<b>1. Entity Name</b> HALIFAX EMERGENCY PHYSICIANS MEEK & ASSOCIATES, M.D., P.A.					
<b>Principal Place of Business</b> 303 N CLYDE MORRIS BLVD P O BOX 11107 DAYTONA BCH, FL 32114-2709			<b>Mailing Address</b> P O BOX 11107 DAYTONA BEACH, FL 32120 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-2271175	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MEEK, WILLIAM H. 303 N CLYDE MORRIS BLVD DAYTONA BCH, FL 32015			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DSVP MACMAHON, KEVIN 303 N CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	9TH VP SPRINGER, PETER 303 N CLYDE MORRIS DAYTONA FL 32114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DPT MEEK, WILLIAM H 303 N CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	10VP SIEGER, BRENT 303 N CLYDE MORRIS DAYTONA FL 32114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	1VP HENSON, JAMES 303 N CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	3VP MATHIS, ROBERT 303 N CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	4VP ADAMS, OMAR 303 N CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	9VP ST JAMES LUTHER 303 N CLYDE MORRIS DAYTONA BCH FL 32114 <input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 			2/10/05 386 253 3238		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

**ATTACHMENT**  
**Halifax Emergency Physicians**  
Meek and Associates, M.D., P.A.

40023422  
#631269

February 10, 2005

Department of State  
Secretary of State, Glenda E Hood  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Ms Hood:

Enclosed please find our renewal for FEI number 59-2271175, Halifax Emergency Physicians, Meek and Associates, MD, PA. We have enclosed our check in the amount of \$150.00 and made the following changes on the enclosed Annual Report:

<b>Delete:</b>	St James, Luther	9 <sup>th</sup> VP
<b>Change:</b>	Springer, Peter	now 9 <sup>th</sup> VP
<b>Addition:</b>	Sieger, Brent	10 <sup>th</sup> VP

The following long term officers are correctly listed on the form upon download:

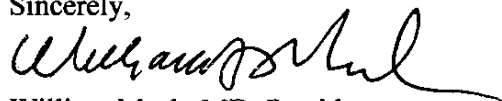
MacMahon, Kevin	DSVP
Meek, William	DPT
Henson, James	1 VP
Mathis, Robert	3 VP
Adams, Omar	4 VP

**The remainder of the long term officers are not listed upon download.** Please confirm that you are also in possession of the names of the remainder of our officers below. We provided the same confirming letter last year:

Prairie, John	5 VP
Haws, Kirby	6 VP
Mohammed, Richard	7 VP
Mucciolo, Paul	8 VP
Bohannon, J Steven	Assistant Secretary
Morrison, Gary	Assistant Treasurer

Thank you for your consideration of this request.

Sincerely,



William Meek, MD, President  
Halifax Emergency Physicians, Meek & Associates, MD, PA