


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90064 021 ***150.00

DOCUMENT # G31269 1. Entity Name HALIFAX EMERGENCY PHYSICIANS MEEK & ASSOCIATES, M.D., P.A.	
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Principal Place of Business 303 N CLYDE MORRIS BLVD P O BOX 11107 DAYTONA BCH, FL 32114-2709	Mailing Address P O BOX 11107 DAYTONA BEACH, FL 32120 US
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DO NOT WRITE IN THIS SPACE

02022006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2271175	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MEEK, WILLIAM H. 303 N CLYDE MORRIS BLVD DAYTONA BCH., FL 32015

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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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DSVP MACMAHON, KEVIN 303 N CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT MEEK, WILLIAM H 303 N CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1VP HENSON, JAMES 303 N CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY - ST - ZIP	3VP MATHIS, ROBERT 303 N CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY - ST - ZIP	9VP SPRINGER, PETER 303 N CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY - ST - ZIP	10VP SIEGER, BRENT 303 N CLYDE MORRIS DAYTONA BEACH, FL 32114

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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 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: <u><i>William H. Meek</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u><i>2/2/06</i></u> <small>Date</small>	 <small>Daytime Phone #</small>
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