# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 03, 2007**
**Secretary of State**

DOCUMENT# G31269

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

**Current Principal Place of Business:**

303 N CLYDE MORRIS BLVD P O BOX 11107
DAYTONA BCH, FL 321142709

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 11107
DAYTONA BEACH, FL 32120 US

**New Mailing Address:**

**FEI Number: 59-2271175** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

MEEK, WILLIAM H.
303 N CLYDE MORRIS BLVD
DAYTONA BCH., FL 32114 US

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: _____ 01/03/2007
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DSVP ( ) Delete
Name: MACMAHON, KEVIN
Address: 303 N CLYDE MORRIS BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

Title: DPT ( ) Delete
Name: MEEK, WILLIAM H,
Address: 303 N CLYDE MORRIS BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

Title: 1VP ( ) Delete
Name: HENSON, JAMES
Address: 303 N CLYDE MORRIS BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

Title: 3VP ( ) Delete
Name: MATHIS, ROBERT
Address: 303 N CLYDE MORRIS BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

Title: 9VP ( ) Delete
Name: SPRINGER, PETER
Address: 303 N CLYDE MORRIS BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

Title: 10VP ( ) Delete
Name: SIEGER, BRENT
Address: 303 N CLYDE MORRIS
City-St-Zip: DAYTONA BEACH, FL 32114

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM H MEEK, MD PRES 01/03/2007
Electronic Signature of Signing Officer or Director — Date