## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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#### FILED **DOCUMENT #G31269** 1. Entity Name 07 JUN -5 PM 2:08 HALIFAX EMERGENCY PHYSICIANS MEEK & ASSOCIATES, M.D., P.A. HE STATE TALL AHASSEE, FLORIDA Principal Place of Business Mailing Address 303 N CLYDE MORRIS BLVD P O BOX 11107 P O BOX 11107 DAYTONA BCH, FL 32114-2709 DAYTONA BEACH, FL 32120 3. Mailing Address 2 Principal Place of Business - No. P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 05222007 CR2E034 (12/06) Chg-P City & State City & State 4, FEI Number Applied For 59-2271175 Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MEEK, WILLIAM H. Street Address (P.O. Box Number is Not Acceptable) 303 N CLYDE MORRIS BLVD DAYTONA BCH., FL 32114 Zip Code City FL 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. 200104255832 2/07--01014--003 **未**⊁F.1 SIGNATURE Signature, typed or printed name of registered epent and title if applicable. (NOTE: Registered Agent signature required when re-\$5.00 May Be 9. Election Campaign Financing Amended AR is \$61.25 $\Box$ Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. 2V/S/D Change Ch ☐ Addition DSVP ☐ Delete TITLE TITLE MACMAHON, KEVIN NAME NAME 303 N CLYDE MORRIS BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32114 CITY-ST-ZIP P/T/D Change Addition DPT TITLE TITLE ☐ Delete NAME MEEK, WILLIAM H NAME STREET ADDRESS STREET ADDRESS 303 N CLYDE MORRIS BLVD CITY-ST-ZIP DAYTONA BEACH, FL 32114 CITY-ST-ZIP $\mathsf{IV}$ Change Ch Addition Delete MLE 1VP TITLE NAME HENSON, JAMES NAME STREET ADDRESS 303 N CLYDE MORRIS BLVD STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32114 CITY-ST-ZIP <u>3V</u> Change Ch ☐ Addition Detete TITLE 3VP TITLE NAME NAME MATHIS, ROBERT STREET ADDRESS 303 N CLYDE MORRIS BLVD STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32114 CITY-ST-ZIP 9V Change Addition ☐ Delete TITLE 9VP TITLE NAME SPRINGER, PETER NAME 303 N CLYDE MORRIS BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32114 City-ST-ZIP (X) Change Addition ☐ Delete 10V TITLE 10VP SIEGER, BRENT NAME NAME STREET ADDRESS 303 N CLYDE MORRIS STREET ADDRESS DAYTONA BEACH, FL 32114 CITY-ST-ZIP CITY-ST-ZIP 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. (386) 253-3238 SIGNATURE:

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# HALIFAX EMERGENCY PHYSICIANS MEEK & ASSOCIATES, M.D., P.A.

#### **Additional Officers:**

4V Omar Adams, M.D. 303 N. Clyde Morris Blvd. Daytona Beach, FL 32114

5V John Prairie, M.D. 303 N. Clyde Morris Blvd. Daytona Beach, FL 32114

6V Kirby Haws, D.O. 303 N. Clyde Morris Blvd. Daytona Beach, FL 32114

7V Richard Mohammed, M.D. 303 N. Clyde Morris Blvd. Daytona Beach, FL 32114

8V Paul Mucciolo, M.D. 303 N. Clyde Morris Blvd. Daytona Beach, FL 32114

11V Matthew Kocisko, M.D. 303 N. Clyde Morris Blvd. Daytona Beach, FL 32114

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

#### **Additional Officers:**

AS J. Steven Bohannon, M.D. 303 N. Clyde Morris Blvd. Daytona Beach, FL 32114

AT Gary L. Morrison, M.D. 303 N. Clyde Morris Blvd. Daytona Beach, FL 32114

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