

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G31269

FILED  
Apr 13, 2009  
Secretary of State

**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:**

303 N CLYDE MORRIS BLVD  
DAYTONA BCH, FL 321142709

**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 32114 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

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

**OFFICERS AND DIRECTORS:**

Title: 2VSD (X) Delete  
Name: MACMAHON, KEVIN  
Address: 303 N CLYDE MORRIS BLVD  
City-St-Zip: DAYTONA BEACH, FL 32114

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

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

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

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

Title: 10V (X) 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: PSTD (X) Change ( ) Addition  
Name: MEEK, WILLIAM H  
Address: 303 N CLYDE MORRIS BLVD  
City-St-Zip: DAYTONA BEACH, FL 32114

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 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

P

04/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date