

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

FILED

98 JUN 11 PM 12: 29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P97000041730  
 1. Corporation Name  
 6400 PARTNERS, INC.

Principal Place of Business <b>6400 Newberry Road Gainesville, FL 3260</b>	Mailing Address <b>Same</b>
---	--------------------------------

DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

<b>3.</b> Date Incorporated or Qualified 5-7-97	
<b>4.</b> FEI Number 59 3446758	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

Daniel G. Maico, M.D.  
 6400 Newberry Road  
 Gainesville, FL 32607

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

FL

**11.** Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature: typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	D, P, S, T	<input type="checkbox"/> DELETE
NAME	DANIEL G. MAICO, M.D.	
STREET ADDRESS	6400 Newberry Rd.	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHN R. LIEBACH, M.D.	
STREET ADDRESS	6400 Newberry Rd.	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STAVROS A. DIAVOLITSIS, M.D.	
STREET ADDRESS	6400 Newberry Rd.	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THEODORE W. BURNS, M.D.	
STREET ADDRESS	6400 Newberry Rd.	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RENATA WAJSMAN, M.D.	
STREET ADDRESS	6400 Newberry Rd.	
CITY-ST-ZIP	Gainesville, FL 32605	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>1.2</b> NAME	THOMAS BEERS, M.D.	
<b>1.3</b> STREET ADDRESS	6400 Newberry Rd.	
<b>1.4</b> CITY-ST-ZIP	Gainesville, FL 32605	
<b>2.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME	000002561300-8	
<b>2.3</b> STREET ADDRESS	--06/16/98--01116--012	
<b>2.4</b> CITY-ST-ZIP	****558.75 ****558.75	
<b>3.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME		
<b>3.3</b> STREET ADDRESS		
<b>3.4</b> CITY-ST-ZIP		
<b>4.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME		
<b>4.3</b> STREET ADDRESS		
<b>4.4</b> CITY-ST-ZIP		
<b>5.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME		
<b>5.3</b> STREET ADDRESS		
<b>5.4</b> CITY-ST-ZIP		
<b>6.1</b> TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>6.2</b> NAME		
<b>6.3</b> STREET ADDRESS		
<b>6.4</b> CITY-ST-ZIP		

**14.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE *Daniel G. Maico, M.D.* DANIEL G. MAICO, M.D. 6-10-98

CR2E034 (10/97)