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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 000041730 1. Corporation Name

FILED Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90073 008 ***150.00

	6400 PARTNERS, INC.					
Principal P	pipal Place of Business 720 SW 2ND AVENUE 720 SW SUITE 311 SUITE 3			DO NOT WRITE IN	THIS SPACE	
1	GAINESVILLE, FL 32601	GAINESVILLE	, FL 32601	3. Date Incorporated or Qualifed		
ļ				4/4/97		
2. Principa	al Place of Business	2a. Mailing Address		4. FEI Number 59-3446758	\ <u>-</u>	oplied For ot Applicable
	Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	Additional
City & S	-	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip	Country	Zip	Country	This corporation owes the current year Personal Property Tax.	ar Intangible	□No
	9. Name and Address of Current Re		30,	10. Name and Address of New Registe		
			81 Name			
	DANIEL G. MAICO, MD 720 SW 2ND AVENUE SUITE 311		82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
	GAINESVILLE, FL 32601				85 Zip C	
İ			84 City		FL	,000
office of		lorida. Such change was au sof, Section 607.0505, Flor	uthorized by the corporation ida Statutes.	on's board of directors. I hereby accept the a	ppointment as reg	gistered
12.	Signature, typed or printed name of registered agent and OFFICERS AND D		Registered Agent signature require 13.	d when reinstating) DAT ADDITIONS/CHANGES TO OFFICER:		DC IN 12
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICER	Change	Addition
NAME	DANIEL G. MAICO, MD		1.2 NAME			٠
	ss 720 SW 2ND AVENUE, SU	ITE 311	1.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 3260		1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME	JOHN R. LEIBACH, MD		2.2 NAME			_
STREET ADDRE	720 SW 2ND AVENUE, SU	TTE 311	2.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 3260		2.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME	STAVROS A. DIAVOLITSI	S. MD	3.2 NAME			,
STREET ADDRE		•	3.3 STREET ADDRESS			
ChY-ST-ZIP	GAINESVILLE, FL 3260	7	3.4 CITY-ST-ZIP			
TITLE	D Jacob	☐ DELETE	4.1 TITLE		Change	Addition
NAME	THEODORE W. BURNS, MD		4. 2 NAME			
STREET ADDRE		ITE 311	4.3 STREET ADDRESS	1		
CITY-ST-ZIP	GAINESVILLE, FL 3260	l	4.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME	RENATA WAJSMAN, MD		5.2 NAME			•
STREET ADDRE	720 SW 2ND AVENUE, SU	ITE 311	5.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 3260		5.4 CITY-ST-ZIP			
TITLE	, , , , , , , , , , , , , , , , , , , ,	□ DELETE	6.1 TITLE	•	☐ Change	Addition
NAME			6.2 NAME			ĺ
STREET ADDRES	588		6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 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)(i), 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 peport 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR