

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90073 037 \*\*\*150.00

0062872 AV

**DOCUMENT # P97000041730**

1. Entity Name  
**6400 PARTNERS, INC.**

Principal Place of Business <b>6400 W. NEWBERRY RD.          SUITE 308          GAINESVILLE FL 32605</b>	Mailing Address <b>6400 W. NEWBERRY RD.          SUITE 308          GAINESVILLE FL 32605</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>59-3446758</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**MAICO, DANIEL G M.D.  
 6400 W. NEWBERRY RD.  
 SUITE 308  
 GAINESVILLE FL 32605**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MAICO, DANIEL G M.D.</b> <b>6400 W. NEWBERRY RD.</b> <b>GAINESVILLE FL 32605</b>
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEIBACH, JOHN R M.D.</b> <b>6400 W. NEWBERRY RD.</b> <b>GAINESVILLE FL 32605</b>
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BURNS, THEODORE W M.D.</b> <b>6400 W. NEWBERRY RD.</b> <b>GAINESVILLE FL 32605</b>
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WAJSMAN, RENATA M.D.</b> <b>6400 W. NEWBERRY RD.</b> <b>GAINESVILLE FL 32605</b>
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BEERS, THOMAS MD</b> <b>6400 W. NEWBERRY RD.</b> <b>GAINESVILLE FL 32605</b>
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHARLES A. SNINSKY, MD</b> <b>6400 W NEWBERRY RD., SUITE 308</b> <b>GAINESVILLE, FL. 32605</b>

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: XXXXXXXXXXXXXXXXXXXX  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/25/02 Daytime Phone #: (352) 331-8902

CR2E034 (9/01)