


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90015 009 ***150.00

DOCUMENT # P97000041730

1. Entity Name
6400 PARTNERS, INC.



Principal Place of Business 6400 W. NEWBERRY RD. SUITE 308 GAINESVILLE, FL 32605	Mailing Address 6400 W. NEWBERRY RD. SUITE 308 GAINESVILLE, FL 32605
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



02052004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3446758	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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
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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.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAICO, DANIEL G M.D. 6400 W. NEWBERRY RD. GAINESVILLE, FL 32605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, SHEA O MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6400 W. NEWBERRY RD. GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEIBACH, JOHN R M.D. 6400 W. NEWBERRY RD. GAINESVILLE, FL 32605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, THEODORE W M.D. 6400 W. NEWBERRY RD. GAINESVILLE, FL 32605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAJSMAN, RENATA M.D. 6400 W. NEWBERRY RD. GAINESVILLE, FL 32605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEERS, THOMAS MD 6400 W. NEWBERRY RD. GAINESVILLE, FL 32605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNINSKY, CHARLES A MD 6400 W NEWBERRY RD, SUITE 308 GAINESVILLE, FL 32605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date 3.1.04 Daytime Phone # _____