


FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90066 014 ***150.00

- 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3446758	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MAICO, DANIEL G M.D. 6400 W. NEWBERRY RD. SUITE 308 GAINESVILLE, FL 32605			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MAICO, DANIEL G M.D.		NAME	D ROSS, SHEA O. MD	
STREET ADDRESS	6400 W. NEWBERRY RD.		STREET ADDRESS	6400 W. NEWBERRY RD., SUITE 308	
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEIBACH, JOHN R M.D.		NAME		
STREET ADDRESS	6400 W. NEWBERRY RD.		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURNS, THEODORE W M.D.		NAME		
STREET ADDRESS	6400 W. NEWBERRY RD.		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WAJSMAN, RENATA M.D.		NAME		
STREET ADDRESS	6400 W. NEWBERRY RD.		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEERS, THOMAS MD		NAME		
STREET ADDRESS	6400 W. NEWBERRY RD.		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SNINSKY, CHARLES A MD		NAME		
STREET ADDRESS	6400 W NEWBERRY RD, SUITE 308		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
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: <i>Daniel G. Maico</i>		DANIEL G. MAICO		2/10/05 (353) 331-8902	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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