

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90018 044 \*\*\*150.00

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



40034331

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 Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

03012006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number: 59-3446758  
 Applied For: Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired  \$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

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE: P NAME: MAICO, DANIEL G M.D. STREET ADDRESS: 6400 W. NEWBERRY RD. CITY-ST-ZIP: GAINESVILLE, FL 32605	<input type="checkbox"/> Delete
TITLE: D NAME: LEIBACH, JOHN R M.D. STREET ADDRESS: 6400 W. NEWBERRY RD. CITY-ST-ZIP: GAINESVILLE, FL 32605	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: BURNS, THEODORE W M.D. STREET ADDRESS: 6400 W. NEWBERRY RD. CITY-ST-ZIP: GAINESVILLE, FL 32605	<input type="checkbox"/> Delete
TITLE: D NAME: WAJSMAN, RENATA M.D. STREET ADDRESS: 6400 W. NEWBERRY RD. CITY-ST-ZIP: GAINESVILLE, FL 32605	<input type="checkbox"/> Delete
TITLE: D NAME: BEERS, THOMAS MD STREET ADDRESS: 6400 W. NEWBERRY RD. CITY-ST-ZIP: GAINESVILLE, FL 32605	<input type="checkbox"/> Delete
TITLE: D NAME: SNINSKY, CHARLES A MD STREET ADDRESS: 6400 W NEWBERRY RD, SUITE 308 CITY-ST-ZIP: GAINESVILLE, FL 32605	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: MOLINA, ENRIQUE G, M.D. STREET ADDRESS: 6400 W NEWBERRY RD, SUITE 308 CITY-ST-ZIP: GAINESVILLE, FL. 32605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Chapter 119, 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: MAICO DANIEL G 3-6-06 (352) 331-8902  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #