

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90192 043 ***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**

40081232

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-3446758

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 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 type="checkbox"/> Addition |
| NAME | MAICO, DANIEL G 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 | MOLINA, ENRIQUE G MD | NAME | |
| STREET ADDRESS | 6400 W. NEWBERRY RD., SUITE 308 | STREET ADDRESS | |
| CITY-ST-ZIP | GAINESVILLE, FL 32605 | CITY-ST-ZIP | |
| TITLE | D <input checked="" 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 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:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/07
 Date

(352) 331-8902
 Daytime Phone #

THOMAS R BEERS

