2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 2

THOMAS, R

04-25-2007 90192 043 ***150.00 DOCUMENT # P97000041730 1. Entity Name 6400 PARTNERS, INC. 40081232 Principal Place of Business Mailing Address 6400 W. NEWBERRY RD. 6400 W. NEWBERRY RD. SUITE 308 SUITE 308 GAINESVILLE, FL 32605 GAINESVILLE, FL 32605 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04102007 CR2E034 (12/06) City & State Applied For City & State 4. FEI Number 59-3446758 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAICO, DANIEL G M.D. Street Address (P.O. Box Number is Not Acceptable) 6400 W. NEWBERRY RD. SUITE 308 GAINESVILLE, FL 32605 City 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 lamiliar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change ■ Addition MAICO, DANIEL G M.D. NAME NAME 6400 W. NEWBERRY RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32605 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE MOLINA, ENRIQUE G MD NAME NAME STREET ADDRESS 6400 W. NEWBERRY RD., SUITE 308 STREET ADDRESS GAINESVILLE, FL 32605 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE BURNS, THEODORE W M.D. NAME NAME STREET ADDRESS 6400 W. NEWBERRY RD. STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32605 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE WAJSMAN, RENATA M.D. NAME STREET ADDRESS 6400 W. NEWBERRY RD. STREET ADDRESS GAINESVILLE, FL 32605 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE BEERS, THOMAS MD NAME NAME STREET ADDRESS STREET ADDRESS 6400 W. NEWBERRY RD. GAINESVILLE, FL 32605 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE SNINSKY, CHARLES A MD NAME NAME STREET ADDRESS 6400 W NEWBERRY RD, SUITE 308 STREET ADDRESS GAINESVILLE, FL 32605 CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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.

SIGNING OFFICER OR DIRECTOR

FILED

Apr 25, 2007 8:00 am Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P9700041730 1. Entity Name 6400 PARTNERS, INC.					ATTACHMENT				
				A STATE OF		Alla	4CHM	M2	
6400 W. NE Suite 308	ce of Business WBERRY RD. E, FL 32605	Mailing Address 6400 W. NEWBERRY RD. SUITE 308 GAINESVILLE, FL 32605			• • • • •	7 - 0			
Principal Place of Business - No P.O. Box # 3. Mailing Address					40081232				
Suite, Apt. #. etc.		Suite. Apt. #, etc.			04102007	, 102007 Chg-P CR2E0		034 (12/06)	
City & State		City & State			4. FEI Number 59-3446758		Applied For Not Applicab		
Zip Country		Zip Coun		ry	Certificate of Status Desired		\$8.75 Additional		
	6. Name and Address of Current f	l Registered Agent			7. Name and A	ddress of New R			
MAICO D	ANIEL G M.D.			Name					
6400 W. NEWBERRY RD. SUITE 308				Street Address (P.O. Box Number is Not Acceptable)					
	ILLE, FL 32605								
				City	FL Zip Code				
	e named entity submits this statement for tions of registered agent.	the purpose of changing its	s registered	d office or register	ed agent, or both,	in the State of Flo	rida. I am fan	niliar with	, and accept
SIGNATURE.	Signature, typed or printed name of registered agent as	nd tice if applicable. (NOI	TE. Registered /	Agent signature required	when reinstating)		DATE	····	
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	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0				00 May Be ad to Fees				
10.	OFFICERS AND DIRECTORS		11.		ADDITIONS/CH	ANGES TO OFFI		_	
NAME	ROSS, SHEA O M.D.	☐ Delete	TITLE				Ĺ] Change	Addition
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STREET ADDRESS CITY-ST-ZIP			STREET A	1					
of the corp	ertify that the information supplied with th on this report or supplemental report is tr noration or the receiver or trustee empowe or on an attachment with an address, with	ue ano accurate ano inai m ared to execule this report a	ny signature as required	es ont over ilens e	ma lenal affect se	il made under ea	th: that I am a	a afficar i	or director
SIGNATI	URE:	TED NAME OF SIGNING OFFICER O	OR DIRECTOR			Oate	Daytime	Phone #	
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