

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90024 049 ***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

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02262008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3446758

Applied For
Not Applicable

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]*
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, 2008 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

TITLE P
NAME MAICO, DANIEL G M.D.
STREET ADDRESS 6400 W. NEWBERRY RD.
CITY-ST-ZIP GAINESVILLE, FL 32605 ☐ Delete

TITLE D
NAME ROSS, SHEA O M.D.
STREET ADDRESS 6400 W NEWBERRY RD
CITY-ST-ZIP GAINESVILLE, FL 32605 ☐ Change ☒ Addition

TITLE D
NAME MOLINA, ENRIQUE G MD
STREET ADDRESS 6400 W. NEWBERRY RD., SUITE 308
CITY-ST-ZIP GAINESVILLE, FL 32605 ☐ Delete

TITLE D
NAME BHARDWAJ, GABU M.D.
STREET ADDRESS 6400 W. NEWBERRY RD.
CITY-ST-ZIP GAINESVILLE, FL 32605 ☐ Change ☒ Addition

TITLE D
NAME WAJSMAN, RENATA M.D.
STREET ADDRESS 6400 W. NEWBERRY RD.
CITY-ST-ZIP GAINESVILLE, FL 32605 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME BEERS, THOMAS MD
STREET ADDRESS 6400 W. NEWBERRY RD.
CITY-ST-ZIP GAINESVILLE, FL 32605 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME SNINSKY, CHARLES A MD
STREET ADDRESS 6400 W NEWBERRY RD, SUITE 308
CITY-ST-ZIP GAINESVILLE, FL 32605 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #