

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90060 032 ***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**

60098270



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (10/02)

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: *SIGNATURE REQUIRED*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03 (352) 331-8902
Date Daytime Phone #