


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90066 015 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P98000052499</b>         |  |
| 1. Entity Name<br>DDA PHYSICIANS, INC. |   |

|  |  |
|--|--|
| Principal Place of Business<br>6400 W. NEWBERRY RD.<br>SUITE 308<br>GAINESVILLE, FL 32605 US | Mailing Address<br>6400 W. NEWBERRY RD.<br>SUITE 308<br>GAINESVILLE, FL 32605 US |
|--|--|

40022036



|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

02032005 Chg-P CR2E034 (10/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-3515986 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><br>MAICO, DANIEL G MD<br>6400 W. NEWBERRY RD.<br>SUITE 308<br>GAINESVILLE, FL 32609 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br>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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MAICO, DANIEL G MD<br>6400 W. NEWBERRY RD., SUITE 308<br>GAINESVILLE, FL 32605 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DROSS, SHEA D.<br>6400 W NEWBERRY RD, SUITE 308<br>GAINESVILLE, FL 32605 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BEERS, THOMAS MD<br>6400 W. NEWBERRY RD., SUITE 308<br>GAINESVILLE, FL 32605 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LEIBACH, JOHN R MD<br>6400 W. NEWBERRY RD., SUITE 308<br>GAINESVILLE, FL 32605 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BURNS, THEODORE W MD<br>6400 W. NEWBERRY RD., SUITE 308<br>GAINESVILLE, FL 32605 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WAJSMAN, RENATA MD<br>6400 W. NEWBERRY RD., SUITE 308<br>GAINESVILLE, FL 32605 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SNINSKY MD, CHARLES A<br>6400 W NEWBERRY RD STE 308<br>GAINESVILLE, FL 32605 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>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 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: DANIEL MAICO 2/10/05 (352) 331-8902  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #