2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 25, 2007 8:00 am Secretary of State 04-25-2007 90192 044 ***150 00 DOCUMENT # P98000052499 1. Entity Name DDA PHYSICIANS, INC. Principal Place of Business Mailing Address 40081231 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. Act. #. etc. 04102007 Chg-P CR2E034 (12/06) City & State City & State Applied For 4. FEI Number 59-3515986 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAICO, DANIEL G MD Street Address (P.O. Box Number is Not Acceptable) 6400 W. NEWBERRY RD. **SUITE 308** GAINESVILLE, FL 32609 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 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 **\$5.00** May Be П Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Addition Change MAICO, DANIEL G MD NAME NAME STREET ADDRESS 6400 W. NEWBERRY RD., SUITE 308 STREET ADDRESS GAINESVILLE, FL 32605 CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME BEERS, THOMAS MD NAME 6400 W. NEWBERRY RD., SUITE 308 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32605 CITY-ST-ZIP ☐ Defete TITLE 05 Change Change ■ Addition TITLE MOLINA, ENRIQUE G MD NAME NAME STREET ADDRESS 6400 W. NEWBERRY RD., SUITE 308 STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32605 CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition BURNS, THEODORE W MD NAME NAME 6400 W. NEWBERRY RD., SUITE 308 STREET ADDRESS STREET ADDRESS GAINESVILLE, FL 32605 CITY - ST - 7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME WAJSMAN, RENATA MD 6400 W. NEWBERRY RD., SUITE 308 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32605 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME SNINSKY MD, CHARLES A NAME 6400 W NEWBERRY RD STE 308 STREET ADDRESS STREET ADDRESS 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.

FILED

THOMAS R. BEERS

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000052499									
DDA PHYSICIANS, INC.					ATTACHMENT				
Principal Place of Business 6400 W. NEWBERRY RD. SUITE 308 GAINESVILLE, FL 32605 US		Mailing Address 6400 W. NEWBERRY RD. SUITE 308 GAINESVILLE, FL. 32605 US		40081231					
2. Principal F	3. Mailing Address								
Suite, Apt. #. etc.		Suite, Apt. #, etc.			04102007	Chg-P	CR2E034 (12/06)	
City & State		City & State					<u> </u>	pplied For of Applicable	
Zip	Country	Zip	Zīp Coun		5. Certificate	e of Status Desired		75 Ade Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
MAICO, DANIEL G MD 6400 W. NEWBERRY RD.				Street Address (P.O. Box Number is Not Acceptable)					
SUITE 308 GAINESVILLE, FL 32609					=				
				City			FL	Zip Cod	le
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 like if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
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10.	OFFICERS AN	O DIRECTORS	11.		ADDITIONS	CHANGES TO OF			~~~
NAME	MANE ROSS, SHEA O M.I).						Ш	Change	Addition
STREET ADDRESS CITY-ST-ZIP				ST-ZIP					
TITLE						· · · · · · · · · · · · · · · · · · ·		Change	Addition
STREET ADDRESS	BHARDWAJ, GABU A 6400 W. NEWBERRY RD., SUI	TE 308	STREE	T ADDRESS					
CITY-ST-ZIP TITLE	GAINESVILLE, FL 32605 CIV			ST-ZIP				Change	Addition
NAME STREET ADDRESS			NAME STREE	T ADDRESS			_	•	
CITY-ST-ZIP		· • • • • • • • • • • • • • • • • • • •	B .	ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME	l				Change	Addition
STREET ADDRESS CITY-ST-ZIP	•			T ADORESS ST-ZIP					
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NAME STREET ADDRESS			4	T ADDRESS					
CITY-ST-ZIP TITLE		Delete	CITY-:	ST-ZIP			П	Change	Addition
NAME			NAME					•	
STREET ADDRESS City-St-Zip			CITY-S	T ADORESS ST-ZIP					}
12. I hereby certify that the information supplied with this filing does not quality 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									
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SIGNATURE:									