
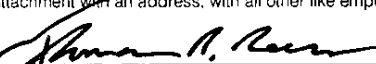


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90192 044 \*\*\*150.00


<b>DOCUMENT # P98000052499</b> 1. Entity Name <b>DDA PHYSICIANS, INC.</b>					
Principal Place of Business <b>6400 W. NEWBERRY RD. SUITE 308 GAINESVILLE, FL 32605 US</b>			Mailing Address <b>6400 W. NEWBERRY RD. SUITE 308 GAINESVILLE, FL 32605 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number <b>59-3515986</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MAICO, DANIEL G MD 6400 W. NEWBERRY RD. SUITE 308 GAINESVILLE, FL 32609</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAICO, DANIEL G MD 6400 W. NEWBERRY RD., SUITE 308 GAINESVILLE, FL 32605	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEERS, THOMAS MD 6400 W. NEWBERRY RD., SUITE 308 GAINESVILLE, FL 32605	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLINA, ENRIQUE G MD 6400 W. NEWBERRY RD., SUITE 308 GAINESVILLE, FL 32605	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, THEODORE W MD 6400 W. NEWBERRY RD., SUITE 308 GAINESVILLE, FL 32605	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAJSMAN, RENATA MD 6400 W. NEWBERRY RD., SUITE 308 GAINESVILLE, FL 32605	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNINSKY MD, CHARLES A 6400 W NEWBERRY RD STE 308 GAINESVILLE, FL 32605	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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.					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/17/07</b> Daytime Phone # <b>(352) 331-8902</b>		
<b>THOMAS R. BEERS</b>					

40081231



04102007 Chg-P CR2E034 (12/06)

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

ATTACHMENT

40081231

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
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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

04102007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3515986	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
MAICO, DANIEL G MD 6400 W. NEWBERRY RD. SUITE 308 GAINESVILLE, FL 32609	

7. Name and Address of New Registered Agent	
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D ROSS, SHEA D M.D. 6400 W. NEWBERRY RD., SUITE 308 GAINESVILLE, FL 32605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D BHARDWAJ, GABU M.D. 6400 W. NEWBERRY RD., SUITE 308 GAINESVILLE, FL 32605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #