

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-07-2008 90024 050 \*\*\*150.00

**DOCUMENT # P98000052499**

1. Entity Name  
**DDA PHYSICIANS, INC.**



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

**40059801**



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 59-3515986 Applied For Not Applicable

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 *Daniel Maico*

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSS, SHEA D MD.	
STREET ADDRESS	6400 W. NEWBERRY RD.	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BHARDWAJ, GABU M.D.	
STREET ADDRESS	6400 W. NEWBERRY RD.	
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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: *Daniel Maico*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #