

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000052499

Entity Name: DDA PHYSICIANS, INC.

FILED
Jan 07, 2011
Secretary of State

Current Principal Place of Business:

6400 W. NEWBERRY RD.
SUITE 308
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

6400 W. NEWBERRY RD.
SUITE 308
GAINESVILLE, FL 32605 US

New Mailing Address:

FEI Number: 59-3515986 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAICO, DANIEL G MD
6400 W. NEWBERRY RD.
SUITE 308
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: MAICO, DANIEL G MD
Address: 6400 W. NEWBERRY RD., SUITE 308
City-St-Zip: GAINESVILLE, FL 32605

Title: D
Name: BEERS, THOMAS MD
Address: 6400 W. NEWBERRY RD., SUITE 308
City-St-Zip: GAINESVILLE, FL 32605

Title: DS
Name: MOLINA, ENRIQUE G MD
Address: 6400 W. NEWBERRY RD., SUITE 308
City-St-Zip: GAINESVILLE, FL 32605

Title: D
Name: WAJSMAN, RENATA MD
Address: 6400 W. NEWBERRY RD., SUITE 308
City-St-Zip: GAINESVILLE, FL 32605

Title: D
Name: SNINSKY MD, CHARLES A
Address: 6400 W NEWBERRY RD STE 308
City-St-Zip: GAINESVILLE, FL 32605

Title: D
Name: ROSS, SHEA O MD
Address: 6400 W NEWBERRY RD
City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL G. MAICO

D

01/07/2011

Electronic Signature of Signing Officer or Director

_____ Date