

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000041730

FILED
Mar 16, 2016
Secretary of State
CC9868099777

Entity Name: 6400 PARTNERS, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 59-3446758

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAICO, DANIEL GM.D.
6400 W. NEWBERRY RD.
SUITE 308
GAINESVILLE, FL 32605 US

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

Officer/Director Detail :

Title P
Name MAICO, DANIEL G MD
Address 6400 W. NEWBERRY RD.
City-State-Zip: GAINESVILLE FL 32605

Title D
Name MOLINA, ENRIQUE GMD
Address 6400 W. NEWBERRY RD., SUITE 308
City-State-Zip: GAINESVILLE FL 32605

Title D
Name WAJSMAN, RENATA M.D.
Address 6400 W. NEWBERRY RD.
City-State-Zip: GAINESVILLE FL 32605

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

Title D
Name SNINSKY, CHARLES AMD
Address 6400 W NEWBERRY RD, SUITE 308
City-State-Zip: GAINESVILLE FL 32605

Title D
Name ROSS, SHEA OMD
Address 6400 W NEWBERRY RD
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR
Name BHARDWAJ, GABU
Address 6400 W. NEWBERRY RD.
SUITE 308
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR
Name LEE, RONALD C
Address 6400 W. NEWBERRY RD.
SUITE 308
City-State-Zip: GAINESVILLE FL 32605

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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

PRESIDENT

03/16/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CHINI, PAYAM
Address 6400 W. NEWBERRY RD.
 SUITE 308
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR
Name HALLMAN, JASON D
Address 6400 W. NEWBERRY RD.
 SUITE 308
City-State-Zip: GAINESVILLE FL 32605