

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000041730

**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**

**02/14/2018**

\_\_\_\_\_  
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

Title DIRECTOR  
Name COLLINS, DENNIS P DR.  
Address 6400 W. NEWBERRY RD.  
SUITE 308  
City-State-Zip: GAINESVILLE FL 32605