

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000084511 1. Entity Name BEHAVIORAL MEDICINE SERVICES OF SOUTH FLORIDA, P.A.	
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Principal Place of Business 3200 SW 60TH COURT SUITE 302 MIAMI, FL 33155	Mailing Address 3200 SW 60TH COURT SUITE 302 MIAMI, FL 33155
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01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0786109	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FIELDSTONE, RONALD R ESQ 200 S BISCAYNE BLVD SUITE 2100 MIAMI, FL 33131
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**DO NOT WRITE
IN THIS SPACE**

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, 2005 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	D RESNICK, TREVOR 3200 SW 60TH COURT SUITE 302 MIAMI, FL 33155
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04/27/05-80033-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Trevor J. Resnick, MD** 4/25/05 (786) 268-1781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #