2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

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1. Entity Name
BEHAVIORAL MEDICINE SERVICES OF SOUTH FLORIDA, P.A.

Principal Place of Business	Mailing Address
3200 SW 60TH COURT SUITE 302 MIAMI, FL 33155	3200 SW 60TH COURT SUITE 302 MIAMI, FL 33155

01132006 No Chg-P CR2E034 (11/05)

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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000005372225
05/09/06-80009-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RESNICK, TREVOR
STREET ADDRESS	3200 SW 60TH COURT SUITE 302
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: [signature] Director Trevor J. Resnick, MD 4/2/06 (786)268-1781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #