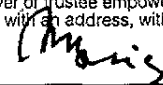


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P97000084511		
1. Entity Name BEHAVIORAL MEDICINE SERVICES OF SOUTH FLORIDA, P.A.		
Principal Place of Business 3200 SW 60TH COURT SUITE 302 MIAMI, FL 33155		Mailing Address 3200 SW 60TH COURT SUITE 302 MIAMI, FL 33155
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FIELDSTONE, RONALD R ESQ 200 S BISCAYNE BLVD SUITE 2100 MIAMI, FL 33131		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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		05/09/06-80009-003 150.00
TITLE	D	DO NOT WRITE IN THIS SPACE
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		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: 		Trevor J. Resnick, MD 4/24/06 (786) 268-1781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #