FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H84666 (7)

TREVOR JESSE RESNICK, M.D., P.A.

FILED						
Apr 22 1998 8:00am						
Secretary of State						



						[] 0:0f: 0 0 0 0 0 0 0 0 0 0	
Principal Place of Business Mailing Address							
3200 SW 60TH COURT 3200 SW 60TH COURT							
MOB - SUITE 302 MIAMI FL 33155		MIAMI FL 33155	MOB - SUITE 302		DO NOT WRITE IN THIS SPACE		
Min-family 1.	~1.33	MINNEL LE GOLOG			3. Date Incorporated or Qualified		
					11/08/1985		
2. Principa	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26	26		59-2593835	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional	
22		27	27		5. Certificate of Status Desired	Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23	28				Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Countr	У	8. This corporation owes or has paid t		
24	25		30		Personal Property Tax due June 30		
Name and Address of Current Registered Agent					10. Name and Address of New Regis	tered Agent	
	resnick, trevor Jesse		81	Name			
	850 S W 119 STREET		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
1	/IIAMI FL 33156						
			83	<i>!</i>			
			84	1 City		85 Zip Code	
						FL 3 Zip code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered							
office or registered agent, or both, in the State of Ftorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATUR							
SIGNATUR	Signature, typod or printed name of registered a	agent and title if applicable (ROTI	E Registered A	jent signature requ	· · · · · · · · · · · · · · · · ·	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER		
TITLE	PD	☐ DELETE	1.1 TITLE			Change Addition	
NAME	RESNICK, TREVOR JESSE		1.2 NAME				
STREET ADDRES	1 * .		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-	ST-ZIP			
TITLE		[] DELETE	2.1 TITLE			Change Addition	
NAME			2.2 NAME				
STREET ADDRES	s		2.3 STREE	T ADDRESS			
CITY-ST-ZIP			2. 4 CITY	- ST- ZIP			
TITLE		DELETE	3.1 TITLE			- Change Addition	
NAME			3.2 NAME				
STREET ADDRES	s		3.3 STREE	1 ADDRESS			
CITY-ST-ZIP	<u> </u>		3.4. CITY	- ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition	
NAME			4. 2 NAM	ē			
STREET ADDRES	a		4.3 STREE	1 ADDRESS			
CITY-ST-ZIP	<u> </u>		4.4 CITY -	ST - ZIP			
TITLE		☐ DEL ete	5.1 TITLE			Change Addition	
NAME			5.2 NAME	:			
STREET ADDRES	ss		5.3 \$TRE	et address			
CITY-ST-ZIP			5.4 CITY-	ST-7IP			
TITLE	-	DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRES	ss			et address			
CITY-ST-ZIP			64 City				
0111-01-21			V 7 U11 1	V1 411	0 0 10 140 07(0)(0) 5(-1) - 0(-4) - 1 (-4)		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an altachment with an address. " many