FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000037996 (2)**

1. Corporation Name

DIANE M. TRAINOR, P.A.

Principal Place of Business

DADELAND TOWERS NORTH, SUITE 700
9200 S. DADELAND BLVD.
MIAMI FL 33156

Mailing Address

DADELAND TOWERS NORTH, SUITE 700
9200 S. DADELAND BLVD.
MIAMI FL 33156

2. Principal Place of Business
21
Street Address
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26
Street Address
27
City & State
28
Zip 29 | Country 30

3. Date Incorporated or Qualified: **05/12/1995**

3a. Date of Last Report

4. FEI Number: **65-0585190** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name: **DIANE M. TRAINOR**
82 Street Address (P.O. Box Number is Not Acceptable): **9200 South Dadeland Blvd.**
83 **Suite 700**
84 City: **Miami,** **FL** 85 Zip Code: **33156**

11. Pursuant to the provisions of Section 607.0502 or 617.1502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, within the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE: 1/31/96

12. OFFICERS AND DIRECTORS

PD
TRAINOR, DIANE M
9200 S. DADELAND BLVD., SUITE 700
MIAMI FL 33156

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 attached sheet, with an address.

SIGNATURE: [signature] 1/31/96 305 670-6222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE NUMBER

CR2E034 (12/95)