# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 22, 2008**
**Secretary of State**

DOCUMENT# P98000080352

**Entity Name:** MILDRED T. TREVETT, M.D., P.A.

**Current Principal Place of Business:**

2000 CYPRESS CROSSING DRIVE
ORLANDO, FL 32837 US

**New Principal Place of Business:**

**Current Mailing Address:**

2000 CYPRESS CROSSING DRIVE
ORLANDO, FL 32827

**New Mailing Address:**

**FEI Number: 59-3532987** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PHILLPS, R W
209 E. MARKS
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

HAMIC, STEVE
1905 S, FLORIDA AVE
LAKELAND, FL 32803 US

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.

SIGNATURE: STEVE HAMIC 04/22/2008
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: TREVETT, MILDRED T
Address: 2000 CYPRESS CROSSING DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: D. ( ) Delete
Name: ESTEVEZ, JERMANIA
Address: 2000 CYPRESS CROSSING DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: D. (X) Delete
Name: HERNANDEZ, GIOVANNI
Address: 2000 CYPRESS CROSSING DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: O (X) Delete
Name: TREVETT, DAVID H
Address: 2000 CYPRESS CROSSING DRIVE
City-St-Zip: ORLANDO, FL 32827

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: TREVETT, MILDRED T MD
Address: 2000 CYPRESS CROSSING DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: D (X) Change ( ) Addition
Name: TREVETT, DAVID H
Address: 2000 CYPRESS CROSSING DR
City-St-Zip: ORLANDO, FL 32837

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID H. TREVETT D 04/22/2008
Electronic Signature of Signing Officer or Director Date