

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90215 011 \*\*\*150.00

**DOCUMENT # 517299**

1. Entity Name

YANK D. COBLE, JR., M.D., P.A.



Principal Place of Business

555 BISHOPGATE LN  
JACKSONVILLE FL 32204

Mailing Address

555 BISHOPGATE LN  
JACKSONVILLE FL 32204

30013043



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

1000 Riverside Ave  
Suite 250

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip  
32204

Country  
USA

Zip

Country

4. FEI Number

59-1696936

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COBLE, YANK D. JR.  
555 BISHOPGATE LN  
JACKSONVILLE FL 32204

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME COBLE, YANK D JR  
STREET ADDRESS 555 BISHOPGATE LN 1000 Riverside Ave  
CITY-ST-ZIP JACKSONVILLE FL 32204 suite 250

TITLE D  
NAME COBLE, SHERETH L  
STREET ADDRESS 555 BISHOPGATE LN 1000 Riverside Ave  
CITY-ST-ZIP JACKSONVILLE FL 32204 suite 250

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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: Yank D. Coble, Jr. President Feb 19, 2005  
312-560-0172  
02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

244240 5875