

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000026955

Entity Name: YANIQUE DUVAL, M.D., PA

FILED  
Jan 08, 2008  
Secretary of State

## Current Principal Place of Business:

2247 PALM BCH LAKES BLVD STE 103  
W PALM BCH, FL 33409

## New Principal Place of Business:

## Current Mailing Address:

2247 PALM BCH LAKES BLVD STE 103  
W PALM BCH, FL 33409

## New Mailing Address:

FEI Number: 20-4388133

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FRANCOIS, WILLY  
6781 CORAL REEF  
LAKE WORTH, FL 33467 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: MD ( ) Delete  
Name: DUVAL, YANIQUE  
Address: 6265 HARBOR CLUB DR  
City-St-Zip: LAKE WORTH, FL 33467

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: M.D ( ) Change (X) Addition  
Name: CAMBRONNE, MARIE ADDLY  
Address: 1430 SW ST LUCIE W BLVD # 104  
City-St-Zip: PORT-ST-LUCIE, FL 34986

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: MARIE ADDLY CAMBRONNE

M.D

01/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date