

PO6000059457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

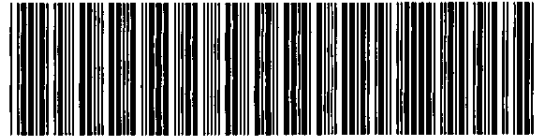
(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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*Revocation
of Diss*

05/03/12--01002--005 **35.00

FILED
2012 JUN 18 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

POK
#00789, 00524, 00672 6/18/12
#00789, 06244, 00671

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: YOLAINE MARIE CHAMBLIN, MD, PA

DOCUMENT NUMBER: P06000059457

The enclosed *Articles of Revocation of Dissolution* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

YOLAINE M CHAMBLIN

Name of Contact Person

YOLAINE MARIE CHAMBLIN MD PA

Firm/Company

14961 E FALCONS LEA DRIVE

Address

DAVIE/FLORIDA 33331

City/State and Zip Code

mychamblin@bellsouth.net
mychamblin@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yolaine M Chamblin

Name of Contact Person

at (786) 512-5986

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2012

Yolaine M. Chamblin
14961 E. Falcons Lea Drive
Davie, FL 33331

SUBJECT: YOLAINE MARIE CHAMBLIN, MD, PA
Ref. Number: P06000059457

We have received your document for YOLAINE MARIE CHAMBLIN, MD, PA and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate that the subject corporation has not filed their current year annual report. Enclosed is an annual report form which must be completed and returned with the Articles of Revocation of Dissolution to the address at the bottom of this letter. The annual report filing fee is \$150 for a profit corporation and \$61.25 for a not for profit corporation

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Athm:
Annette Ramsey
Regulatory Specialist II

Letter Number: 912A00013830

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2012 MAY 21 AM 10:13

NOT RETURNED
TO AGENCY FOR
SUFFICIENCY OF FILING

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 Tallahassee, FL 32317



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 22, 2012

Yolaine M. Chamblin, M.D.
14961 E. Falcons Lea Drive
Davie, FL 33331

SUBJECT: YOLAINE MARIE CHAMBLIN, MD , PA
Ref. Number: P06000059457

We have received your document for YOLAINE MARIE CHAMBLIN, MD , PA and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your annual report is incomplete (except for your signature). Please fill out ALL sections of the annual report completely and return it to us along with your \$150.00 check and revocation of dissolution form.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 912A00014885

RECEIVED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2012 JUN 18 AM 8:19
BOX 6327
TALLAHASSEE, FL 32314
SUNBIZ.ORG

ARTICLES OF REVOCATION OF DISSOLUTION

Pursuant to section 607.1404, Florida Statutes, this Florida profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution:

FIRST: The name of the corporation is YOLAINE MARIE CHAMBLIN, MD, PA

SECOND: The document number of the corporation (if known) is P06000059457

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 4/20/2012

FOURTH: The Revocation of Dissolution was authorized on 4/20/2012

FIFTH: Adoption of Revocation of Dissolution (check one)

- ☐ The board of directors revoked the dissolution.
☒ The incorporators revoked the dissolution.
☐ The board of directors revoked the dissolution authorized by the shareholders and revocation was permitted by action by the board of directors alone pursuant to that authorization.
☐ The shareholders revoked the dissolution and the number of votes cast was sufficient for approval.
☐ The shareholders revoked the dissolution by voting groups - the number of votes cast by _____ was sufficient for approval.
(voting group)

SIXTH: A copy of the Articles of Dissolution is attached.

Signature

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Yolaine M Chamblin

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35

FILED
Apr 20, 2012
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

- FIRST: The name of the corporation as currently filed with the Florida Department of State:
YOLAINE MARIE CHAMBLIN,MD ,PA
- SECOND: The document number of the corporation: P06000059457
- THIRD: The date dissolution was authorized: April 1, 2012
Effective date of dissolution: April 20, 2012
- FOURTH: Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: YOLAINE M CHAMBLIN  PRESIDENT

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative