

**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only

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FILED

2012 JUN 18 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000059457

1. Entity Name

Yolaine Marie Chamblin, MD, PA



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2. Principal Place of Business - No P.O. Box #

8910 Miramar Pkway

Suite, Apt. #, etc.

117

3. Mailing Address

14961 E. Falcon Lea's Cir

Suite, Apt. #, etc.

CR2E034B (5/07)

City & State

Miramar FL

City & State

Davie FL

4. FEI Number

204773814

Applied For

Not Applicable

Zip

33025

Country

LISA

Zip

33331

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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7. Name and Address of Current Registered Agent

Name

Yolaine Chamblin M.

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

14961 E Falcon's Lea Circle

City

Davie

FL

Zip Code

33331

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

6/4/12

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

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	President
NAME	Yolaine M Chamblin
STREET ADDRESS	14961 E. Falcon's Lea Circle Davie FL
CITY - ST - ZIP	33331
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	

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06/19/12--01005--001 **150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/12 786-512-5982

Date

Daytime Phone #