

**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 Leg'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

USA

Zip

33331

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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 Leg Circle

City

Davie

FL

Zip Code

33331

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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]

(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	<i>President</i>
NAME	<i>Yolaine M Chamblin</i>
STREET ADDRESS	<i>14961 E. Falcon's Leg Circle Davie FL</i>
CITY - ST - ZIP	<i>33331</i>
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 titles like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/12 786-512-5982

Date

Daytime Phone #