

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000012059

1. Entity Name
DOCTOR MELANIE, INC.



Principal Place of Business
940 ORCHID LANE
GULF STREAM, FL 33483

Mailing Address
940 ORCHID LANE
GULF STREAM, FL 33483



02262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0468030

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAZARTE, MELANIE
940 ORCHID LANE
GULF STREAM, FL 33483

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000070526
04/09/08-80094-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BAZARTE, MELANIE
STREET ADDRESS	940 ORCHID LANE
CITY-ST-ZIP	GULF STREAM, FL 33483
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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IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dr. Melanie Barte DR MELANIE BAZARTE 3-23-08 561-272-5622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #