

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000098536

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** YOLANDA BOGARIN, O.D., P.A.

**Current Principal Place of Business:**

8651 NW 13TH TERRACE  
MIAMI, FL 33026 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 52-2544  
MIAMI, FL 33152 US

**New Mailing Address:**

**FEI Number:** 65-0788648

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOGARIN, YOLANDA  
1832 NW 139TH TERRACE  
PEMBROKE PINE, FL 33028 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BOGARIN, YOLANDA O.D.  
Address: 1832 NW 139TH TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33028

I hereby 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 all other like empowered.

SIGNATURE: YOLANDA BOGARIN

PD

05/01/2012

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

\_\_\_\_\_  
Date