

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000033651

FILED
Jul 11, 2007
Secretary of State

Entity Name: YVONNE R.S. SHERRER, M.D., P.A.

Current Principal Place of Business:

5333 N.DIXIE HIGHWAY
SUITE 110
OAKLAND PARK, FL 33334

New Principal Place of Business:

Current Mailing Address:

5333 N.DIXIE HIGHWAY
SUITE 110
OAKLAND PARK, FL 33334

New Mailing Address:

FEI Number: 65-0839295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHERRER, YVONNE
5333 N. DIXIE HWY
STE. 110
OAKLAND PARK, FL 33334 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHERRER, YVONNE R.S. M.D.
Address: 5333 N.DIXIE HIGHWAY
City-St-Zip: OAKLAND PARK, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: SHERRER, YVONNE R.S. M.D.
Address: 5333 N.DIXIE HIGHWAY
City-St-Zip: OAKLAND PARK, FL 33334

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: YVONNE SHERRER

DR.

07/11/2007

Electronic Signature of Signing Officer or Director

Date