

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000033651

FILED  
Feb 09, 2012  
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

**OFFICERS AND DIRECTORS:**

Title: DR.  
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 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: YVONNE SHERRER

DR

02/09/2012

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

\_\_\_\_\_  
Date