

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000033651

1. Entity Name

YVONNE R.S. SHERRER, M.D., P.A.



FILED

03 FEB 14 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5333 N.DIXIE HIGHWAY
SUITE 110
OAKLAND PARK FL 33334

Mailing Address

5333 N.DIXIE HIGHWAY
SUITE 110
OAKLAND PARK FL 33334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



8000#2558038

☐ CHECK HERE IF MAKING CHANGES

11-06-02 01035 012 \$550.00 ~\$150.00

4. FEI Number

65-0839295

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHERRER, YVONNE

5333 N. DIXIE HWY

STE. 110

OAKLAND PARK FL 33334

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME SHERRER, YVONNE R.S. M.D.
STREET ADDRESS 5333 N.DIXIE HIGHWAY
CITY-ST-ZIP OAKLAND PARK FL 33334

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/03 (954) 229-7030

Date

Daytime Phone #

CR2E034 (10/02)

C R I A
CENTER FOR RHEUMATOLOGY, IMMUNOLOGY, AND ARTHRITIS

Yvonne Sherrer, M.D., F.A.C.R.

February 11, 2003

Mr. Sean Toner
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Mr. Toner:

We previously sent a letter dated November 21, 2002. This letter is subsequent to an additional conversation you had with Phyllis Rahaniotis, our Office Manager.

We have received this year's solicitations for the UBR. We have not received the prior reimbursements.

Per the conversation you had with Ms. Rahaniotis, you requested that we write a letter authorizing you to transfer funds due to us and refund to pay for the current fees.

This authorization is to allow you to take the appropriate refund funds and apply them to our current renewal fees. This would be less \$300.00 from the previous \$800.00.

If I can be of any further assistance, please do not hesitate to contact this office.

Sincerely,

Yvonne Sherrer, M.D., F.A.C.R.

YS/bc