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2005 FOR PROFIT CORPORATION ANNUAL REPORT

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SEC. OF STATE
TALLAHASSEE, FLORIDA

50058220

07262005 Chg-P CR2E034 (10/03)

DOCUMENT # P99000089184

1. Entity Name
YVANNE BERRYER, M.D., P.A.

Principal Place of Business	Mailing Address
139 NE 15TH ST HOMESTEAD, FL 33030	P.O. BOX 570802 MIAMI, FL 33257

2. Principal Place of Business	3. Mailing Address
1036 NW 1st Ave	1036 NW 1st Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Homestead FL	City & State: Homestead FL
Zip: 33030 Country: US	Zip: 33030 Country: USA

4. FEI Number: 65-0955798 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BERRYER, YVANNE
~~139 NE 15TH ST~~ 1036 N.W 1st Ave
HOMESTEAD, FL 33030

7. Name and Address of New Registered Agent

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: Yvanne M Berryer MD
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when changing) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	BERRYER, YVANNE	
STREET ADDRESS	~~139 NE 15TH ST~~ 1036 N.W 1st Ave	
CITY-ST-ZIP	HOMESTEAD, FL 33030	
TITLE		☐ Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	
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CITY-ST-ZIP	

Addition
Addition
Addition
Add'l Fee
Add'l Fee

7.12.05 1:25pm
As per my Conversation
w/ Kathy $400 will be waived
We never received form.

Thanks!
Noreen

☐ Change ☐ Addition

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: Yvanne M. Berryer MD 7.12.05 305.247.2775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #