



State of California Secretary of State

S**E-D38104****FILED**In the office of the Secretary of
State of the State of California**Jan - 10 2011**

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Statement of Information
(Domestic Stock and Agricultural Cooperative Corporations)**FEES (Filing and Disclosure): \$25.00. If amendment, see instructions.**
IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**1. CORPORATE NAME**C2214985
ROSELINE DAUPHIN-BAPTISTE, M.D., INC.**Due Date:****Complete Addresses for the Following** (Do not abbreviate the name of the city. Items 2 and 3 cannot be P.O. Boxes.)

| 2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE | CITY | STATE | ZIP CODE |
|--|---------|-------|----------|
| 3. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY | CITY | STATE | ZIP CODE |
| 4. MAILING ADDRESS OF THE CORPORATION, IF DIFFERENT THAN ITEM 2 | CITY | STATE | ZIP CODE |
| 191 SOUTH BUENA VISTA STREET, SUITE 475 | BURBANK | CA | 91505 |
| 191 SOUTH BUENA VISTA STREET, SUITE 475 | BURBANK | CA | 91505 |
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Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

| 5. CHIEF EXECUTIVE OFFICER/ | ADDRESS | CITY | STATE | ZIP CODE |
|-----------------------------|---|-------------|-------|----------|
| 6. SECRETARY | ADDRESS | CITY | STATE | ZIP CODE |
| 7. CHIEF FINANCIAL OFFICER/ | ADDRESS | CITY | STATE | ZIP CODE |
| ROSELINE MARIE DAUPHIN | 191 SOUTH BUENA VISTA STREET, SUITE 475 | BURBANK, CA | 91505 | |
| MARGARET ISELY VAN DYK | 191 SOUTH BUENA VISTA STREET, SUITE 475 | BURBANK, CA | 91505 | |
| ROSELINE MARIE DAUPHIN | 191 SOUTH BUENA VISTA STREET, SUITE 475 | BURBANK | CA | 91505 |

Names and Complete Addresses of All Directors, Including Directors Who Are Also Officers (The corporation must have at least one director. Attach additional pages, if necessary.)

| 8. NAME | ADDRESS | CITY | STATE | ZIP CODE |
|------------------------|---|-------------|-------|----------|
| 9. NAME | ADDRESS | CITY | STATE | ZIP CODE |
| 10. NAME | ADDRESS | CITY | STATE | ZIP CODE |
| MICHEL MESHACK DAUPHIN | 191 SOUTH BUENA VISTA STREET, SUITE 475 | BURBANK, CA | 91505 | |
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11. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:**Agent for Service of Process** (If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California street address (a P.O.Box address is not acceptable). If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.)**12. NAME OF AGENT FOR SERVICE OF PROCESS**

ROSELINE MARIE DAUPHIN

| 13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL | CITY | STATE | ZIP CODE |
|--|-------------|-------|----------|
| 191 SOUTH BUENA VISTA STREET, SUITE 475 | BURBANK, CA | 91505 | |

Type of Business**14. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION**

MEDICAL PRACTICE

15. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

01/10/2011

DATE

ROSELINE MARIE DAUPHIN

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

CEO

TITLE

SIGNATURE