FILED
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Secretary of State

04-19-2006 90096 048 ***150.00

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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P05000084034

1. Entity Name
ROBERT W. YOUNG PHD PA.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3400 DUMAINE CT.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLEARWATER, FL	City & State
Zip: 33761 Country:	Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 37-1510146 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: ROBERT W. YOUNG PHD
Street Address (P.O. Box Number is Not Acceptable): 3400 DUMAINE CT.
City: CLEARWATER FL Zip Code 33761

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 X [signature] ROBERT W. YOUNG PHD. 3/13/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PRESIDENT
NAME	ROBERT W. YOUNG, PHD.
STREET ADDRESS	3400 DUMAINE CT.
CITY-ST-ZIP	CLEARWATER, FL. 33761
TITLE	VICE PRESIDENT
NAME	SUSAN A. YOUNG
STREET ADDRESS	3400 DUMAINE CT.
CITY-ST-ZIP	CLEARWATER , FL. 33761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP (×6)

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] ROBERT W. YOUNG,PHD. PRESIDENT 3/13/2006 727-7729-6469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #