

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State

08-16-2001 90004 029 ***150.00

DOCUMENT # F89856

1. Entity Name

HANSUNG KIM, M.D., P.A.

Principal Place of Business

% HANSUNG KIM, M.D.
21178 OLEAN BLVD. NW #4
PORT CHARLOTTE FL 33952

Mailing Address

% HANSUNG KIM, M.D.
21178 OLEAN BLVD. NW #4
PORT CHARLOTTE FL 33952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2245630

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

KIM, HANSUNG, M.D.

21178 OLEAN BLVD. NW #4

PORT CHARLOTTE FL 33952

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **HANSUNG, KIM**
STREET ADDRESS **21178 OLEAN BLVD. NW #4**
CITY-ST-ZIP **PORT CHARLOTTE, FL 00000**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/01 **(941)625-3033**
Date Daytime Phone #

CR2E034 (5/01)

HANGSUNG Kim, M.D., F.A.A.F.P., F.A.C.A.
FAMILY AND GERIATRIC MEDICINE

21178 Olean Boulevard
Olean Medical Offices, Suite 4
Port Charlotte, Florida 33952
(941) 625-3033 • Fax (941) 625-3045

Attachment
DH# F89856
A0081522

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL. 32302-1500

RE: F89856

AUGUST 13, 2001,

TO WHOM IT MAY CONCERN,

I AM WRITING YOU THIS LETTER ALONG WITH MY CHECK #11585 IN THE AMOUNT OF \$150.00. I WOULD GREATLY APPRECIATE IF YOU WILL ACCEPT MY CHECK FOR CORPORATION FEES AS PAID IN FULL AND WAIVE THE LATE CHARGES.

I HAVE NOT RECEIVED ANY FORMS PREVIOUSLY IN THE MAIL. THIS IS THE FIRST I AM RECEIVING AND THEREFORE ASKING YOU TO KINDLY WAIVE THE LATE FEES.

SINCERELY,



MRS. CHONG KIM

CK/iw