

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# G75087

**FILED**  
**Nov 23, 2011**  
**Secretary of State**

**Entity Name:** WILLIAM BRENT YOUNG, M.D., P.A.

**Current Principal Place of Business:**

C/O 7512 RIDGE RD.  
PORT RICHEY, FL 34668

**New Principal Place of Business:**

**Current Mailing Address:**

C/O 7512 RIDGE RD.  
PORT RICHEY, FL 34668

**New Mailing Address:**

**FEI Number:** 59-2674484

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

YOUNG, WILLIAM BRENT, M.D.  
C/O 7512 RIDGE RD.  
PORT RICHEY, FL 34668 US

**Name and Address of New Registered Agent:**

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:** WILLIAM BRENT YOUNG MD PA

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** YOUNG, WILLIAM BRENT  
**Address:** C/O 7512 RIDGE RD.  
**City-St-Zip:** PORT RICHEY, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** WILLIAM BRENT YOUNG MD PA

DR

11/23/2011

Electronic Signature of Signing Officer or Director

Date