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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

G93654

(3)

DOCUMENT #

MARILYN YOUNG, M.D., P.A.

Principal Place of Business

Mailing Address

9981 HEALTHPARK CIRCLE, STE 256 FORT MYERS EL 33908

9981 HEALTHPARK CIRCLE. STE 256 FORT MYERS FL 33908

FURI MIERO	FL 33900	PONT MIENO PL 333	Jo					
						3. Date Incorporated or Qualified 03/29/1984	3a. Date of Last 03/07/1	
2. Principal Pla	ice of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Applied For
21		26	26			59-2383508		Not Applicable
Suite, Apt. #	r, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	* * * * * * * * * * * * * * * * * * *	75 Additional e Required
City & State	· · · · · · · · · · · · · · · · · · ·	City & State				6. Election Campaign Financing	\$5.	00 May Be
3		28				Trust Fund Contribution	1 1	ded to Fees
Zgr	Country Zip C		Cou	Country		8. This corporation has liability for in	itangible tax under	s 199.032,
4	25	29	30			Florida Statutes 🔀 Yes		
	9. Name and Address of Currer	nt Registered Agent			- 	10. Name and Address of New Re	glatered Agent	
				81	Name			
YOUNG, MARILYN S.Y. M.D.				82	2 Street Address (P.O. Box Number is Not Acceptable)			
9981 HEALTHPARK CR. SUITE 256				CHOCK REGIONS (FOR DESCRIPTION OF THE PROPERTY				
FORT M	YERS FL 33908			83				
				84	City		B5	Zip Code
					ψ.,,		FL **	2.17 0000
						ration submits this statement for the purp and of directors. I hereby accept the appo		
	h, and accept the obligations of, Sect					, , , , , , , , , , , , , , , , , , , ,		
SIGNATURE .	Signature: Typed or printed name of registered agont	sace to ordered salabo (fig.	Olle: Reastered	Acur	' Substations recourse	d when reinstating)	DATE	
		D DIRECTORS	13.	-10	. sgransre require	ADDITIONS/CHANGES TO OFFI		TORS IN 12
TILLE	PD	DELETE	1 1 1	ITLE		7,001,101,101,010,101,101,101,101,101,10	☐ Chang	
NAM:	YOUNG, MARILYN S. Y.			1.2 NAME				_
STREET ADDRESS	9981 HEALTHPARK CIRCLE				ADDRESS			
	FT. MYERS FL		1.9 61					
CHY SI-ZIF		DELETE	2 1 1		1-215		Chang	e [] Addition
NAM:		—	2 2 NA					
STREET ADDRESS			1		ADDRESS			
(1y - ST - 7-P			2401		ļ			
TILE		DELETE	3 1 1		1 - 241		["] Chang	e [] Addition
NAME		Ц	3 2 NA		(
STREET ALLERESS					ADDRESS			
C-1 Y - S1 - 7:P			3 4 0					
Total		∏ DELE IE	4.17				Chang	e 🗍 Addition
NAME			4.2 N/					_
STREET ADDRESS					ADDRESS			
City-St-72			4.4 C					
T TEF		DELETE	5 1 Te				☐ Chang	e 🔲 Addition
NAM:			5 2 NA	AME				
STREET ADDRESS					ADDRESS			
C-14 - S1 - Z P			5 4 C					
THUE		DELETE	6 1 7	•			Chang	e 🔲 Addition
NAME			6 2 NA					
STREET ADERESS					ADDRESS			
Offy SI-74			6 4 C					
	r y certify that the information supplied	with this filing is voluntarily fur				for the exemption stated in Section 119.0	7(3)(k), Florida Sta	tutes. I further

certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MARINA HELD OF PRINTED NAME OF SIGNING OFFICER OF PIPECT