

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G93654

1. Entity Name

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

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90067 010 ***150.00

Principal Place of Business

Mailing Address

9981 HEALTHPARK CIRCLE, STE 256
FORT MYERS FL 33908

9981 HEALTHPARK CIRCLE, STE 256
FORT MYERS FL 33908

2. Principal Place of Business

9009 LIGON CT
Suite, Apt. #, etc.

3. Mailing Address

PMA #314
8501 4th Ave S
FORT MYERS FL 33908

City & State

FORT MYERS FL

City & State

FORT MYERS FL

Zip

33908

Country

LEE

Zip

33908

Country

LEE

4. FEI Number

59-2383508

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YOUNG, MARILYN S.Y. M.D.
9981 HEALTHPARK CR. SUITE 256
FORT MYERS FL 33908

7. Name and Address of New Registered Agent

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

TITLE PD
NAME YOUNG, MARILYN S. Y.
STREET ADDRESS 9981 HEALTHPARK CIRCLE
CITY-ST-ZIP FT. MYERS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
9009 LIGON CT
FI MYERS FL 33908

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

MARILYN YOUNG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/2000

Date

941-488-8000

Daytime Phone #