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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L53576

Y. S. OUTERBRIDGE, M.D., P.A.

Principal Place of Business	Mailing Address
5622 MARINE PARKWAY	1324 SEVEN SPRINGS BLVD #326 NEW PORT RICHEY FL 34655

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90033 026 ***150.00



Principal Place		# 4 10' A data				•
Principal Place of Business Mailing Address						
5622 MARINE PARKWAY NEW PORT RICHEY FL 34652		1324 SEVEN SPRINGS BLVD #326				
NEW PORT RIC	HET FL 34652	NEW PORT RICHEY FL 3465	,		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
					02/28/1990	
Principal Place of Business 2a. Mailing Address				4. FEI Number Applied For	<u>.</u>	
21 26				59-3002400 Not Applicab	e	
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired			
22		27	<u>- 22</u>		5. Centricate of Status Desired Fee Required	
City & State	City & State City & State			6. Election Campaign Financing S5.00 May Be	}	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip Country		гу	8. This corporation owes the current year Intangible	
24	25	29 30			Personal Property Tax.	_
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	_
DAIA	ıK, J.J.		8		YI-HWA SUNG OUTERBRIDGE MA	?
	LRIDGE TOP DRIVE		8		ddress (P.O. Box Number is Not Acceptable)	-
	PORT DICHEY FL 34655		8	3	4046 Ridge 104 Dr.	\dashv
,			8	4 City	85 Zip Code	\dashv
				Ven	V fort R: chay FL 85 Zip Code 34655	
office or re	egistered agent, or both, in the State of	f Florida. Such change was auti	horized b	y the corpora	orporation submits this setement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
agent. I ar	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	ia Statute	S.		
SIGNATURE	Y,-HWA SUNG OUT Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	egistered Ap	gent signature re	president 3-20-99 DATE	_ á
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	9
		 _	-			
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with an other life formation.

NAME OF SIGNING OFFICER OR DIRECTOR