

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 28, 2007 08:00 AM
Secretary of State

DOCUMENT # L77481

1. Entity Name
RODNEY D. YOUNG, M.D., P.A.



Principal Place of Business

**1190 NW 95TH STREET
#305
MIAMI, FL 33150**

Mailing Address

**1190 NW 95TH STREET
#305
MIAMI, FL 33150**

DO NOT WRITE IN THIS SPACE



07022007 No Chg-P CR2E034 (11/05)

4. FE: Number
65-0218671

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**YOUNG, RODNEY D MD
14135 N. MIAMI AVE
MIAMI, FL 33168**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U00000772933
08/28/07-80009-022 550.00**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **YOUNG, RODNEY D MD**
STREET ADDRESS **14135 N. MIAMI AVE.**
CITY-ST-ZIP **MIAMI, FL 33168**

TITLE **VP**
NAME **YOUNG, LINDA G**
STREET ADDRESS **14135 N. MIAMI AVE.**
CITY-ST-ZIP **MIAMI, FL 33168**

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/07 (305) 835-181
Date Daytime Phone #