

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000071081

FILED
Apr 23, 2008
Secretary of State

Entity Name: DR. MEL YOUNGS, D.C., P.A.

Current Principal Place of Business:

916 S.E. CAPE CORAL PARKWAY
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

916 S.E. CAPE CORAL PARKWAY
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 65-1030692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNGS, MEL DR.
916 S.E. CAPE CORAL PARKWAY
CAPE CORAL, FL 33904 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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: YOUNGS, MELINA
Address: 916 SE CAPE CORAL PKWY
City-St-Zip: CAPE CORAL, FL 33904

Title: VPT () Delete
Name: YOUNGS, RICHARD
Address: 916 SE CAPE CORAL PKWY
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: ESQUERRE, FRANCIS DR., MD
Address: 916 SE CAPE CORAL PARKWAY
City-St-Zip: CAPE CORAL, FL 33904

Title: SECR () Delete
Name: YOUNGS, GINA M DR DMD
Address: 3830 SE 4TH AVE
City-St-Zip: CAPE CORAL, FL 33904 LE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MELINA YOUNGS

PSD

04/23/2008

Electronic Signature of Signing Officer or Director

Date