

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000021455

Entity Name: YOUNG H. LEE, D.M.D., INC.

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

11481 OLD ST. AUGUSTINE ROAD  
STE #401  
JACKSONVILLE, FL 32258

**New Principal Place of Business:**

**Current Mailing Address:**

11481 OLD ST. AUGUSTINE ROAD  
STE #401  
JACKSONVILLE, FL 32258

**New Mailing Address:**

FEI Number: 59-3703419

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEE, YOUNG H  
11481 OLD ST. AUGUSTINE RD., STE. #401  
JACKSONVILLE, FL 32258 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

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: LEE, YOUNG H  
Address: 11481 OLD ST. AUGUSTINE RD., STE. #401  
City-St-Zip: JACKSONVILLE, FL 32258

I hereby 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 all other like empowered.

SIGNATURE: YOUNG H LEE

PSTD

03/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date