

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2003 8:00 am**  
**Secretary of State**

07-18-2003 90075 026 \*\*\*550.00

0094630 AV

**DOCUMENT # P02000093027**

1. Entity Name  
**CHRISTOPHER L. YOUNG, M.D., P.A.**



Principal Place of Business  
**553 SUWANNEE CIRCLE  
TAMPA FL 33606**

Mailing Address  
**553 SUWANNEE CIRCLE  
TAMPA FL 33606**



2. Principal Place of Business  
**4600 N. Habana**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Tampa, FL**

City & State

4. FEI Number  
**743057800**

☒ Applied For  
☐ Not Applicable

Zip  
**33614**

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**F & L CORP.  
200 LAURA STREET NORTH  
THIRD FLOOR  
JACKSONVILLE FL 32202**

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

SIGNATURE

*Christopher L. Young, M.D., P.A.*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*7/15/03*

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
YOUNG, CHRISTOPHER L M.D.  
553 SUWANNEE CIRCLE  
TAMPA FL 33606** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Christopher L. Young, M.D., P.A.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*7/15/03*

CR2E034 (4/03)