

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000093854

**FILED**  
**Jan 18, 2008**  
**Secretary of State**

**Entity Name:** ROBERT YOUNG, M. D., P. A.

**Current Principal Place of Business:**

13910 LAKESHORE BLVD.  
130  
HUDSON, FL 34667 US

**New Principal Place of Business:**

**Current Mailing Address:**

13910 LAKESHORE BLVD.  
130  
HUDSON, FL 34667 US

**New Mailing Address:**

**FEI Number:** 02-0640276

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

YOUNG, ROBERT  
6809 MORNING SUN COURT  
NEW PORT RICHEY, FL 34652 US

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

YOUNG, ROBERT  
6809 MORNING SUN COURT  
NEW PORT RICHEY, FL 34655 US

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:** ROBERT A. YOUNG, M.D., P.A.

01/18/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** YOUNG, ROBERT  
**Address:** 6809 MORNING SUN COURT  
**City-St-Zip:** NEW PORT RICHEY, FL 34652

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** P (X) Change ( ) Addition  
**Name:** YOUNG, ROBERT  
**Address:** 6809 MORNING SUN COURT  
**City-St-Zip:** NEW PORT RICHEY, FL 34655

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:** ROBERT A. YOUNG, M.D., P.A.

MD

01/18/2008

Electronic Signature of Signing Officer or Director

Date