

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2004 8:00 am
Secretary of State

03-16-2004 90032 011 ***150.00

DOCUMENT # P03000075710

1. Entity Name

DUHME MEDICAL CENTER, INC.



Principal Place of Business
5322 DUHME ROAD
ST. PETERSBURG FL 33708

Mailing Address
5322 DUHME ROAD
ST. PETERSBURG FL 33708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1195010

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YOON, SOONJA L
5322 DUHME ROAD
ST. PETERSBURG FL 33708

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature is required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: President
NAME: Soonja LEIBELT YOON, DOM. NMD
STREET ADDRESS: 5322 Duhme Rd.
CITY-ST-ZIP: Madeira Beach, FL 33708

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change

☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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☐ 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:

Soonja L Yoon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/04

727/319-9922

Date

Telephone Phone #