

2000 UNIFORM BUSINESS REPORT (UBR)

5/3

FILED

Jun 05, 2000 8:00 am
Secretary of State

05-03-2000 90062 023 ***150.00

DOCUMENT # P99000049204

1. Entity Name

SAERYOUNG SONG, M.D., P.A.

Principal Place of Business

6917 STATE ROAD 54
NEW PORT RICHEY FL 34653

Mailing Address

6917 STATE ROAD 54
NEW PORT RICHEY FL 34653-6023

2. Principal Place of Business

6917 State Rd. 54

Suite, Apt. #, etc.

Newport Richey, Fl.

City & State

3. Mailing Address

6917 SR. 54

Suite, Apt. #, etc.

Newport Richey, Fl.

City & State

Zip 34653

Country USA

Zip 34653

Country

4. FEI Number

59-2875329

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SONG, SAE R

6917 STATE ROAD 54

NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

Name

SONG, SAE R

Street Address (P.O. Box Number is Not Acceptable)

6917 State Road 54

City

Newport Richey

FL

Zip Code

34653

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.

SIGNATURE

SAERYOUNG SONG, M.D., P.A.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/2000

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE President
NAME SAERYOUNG SONG, M.D., P.A.
STREET ADDRESS 6917 State Road 54
CITY-ST-ZIP Newport Richey, Fl. 34653

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SAERYOUNG SONG, M.D., P.A.

Date

4/24/2000

Daytime Phone #

(921) 786-4343