

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049204

1. Entity Name
SAERYOUNG SONG, M.D., P.A.

Principal Place of Business
6914 STATE ROAD 54
NEW PORT RICHEY FL 34653

Mailing Address
6914 STATE ROAD 54
NEW PORT RICHEY FL 34653

2. Principal Place of Business
6245 State Rd 54
Suite, Apt. #, etc.

3. Mailing Address
6245 SR 54
Suite, Apt. #, etc.

City New Port Richey, Fl.

City New Port Richey, Fl.

Zip 34653 Country USA

Zip 34653 Country USA

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
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.
SIGNATURE *Indepump & conf* 4/6/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P SONG, SAERYOUNG MD, PA 6917 STATE RD 54 NEW PORT RICHEY FL 34653 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6245 STATE RD 54 X Change <input type="checkbox"/> Addition NEW PORT RICHEY, FL 34653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Indepump & conf* April 6 2001 (727) 846 9496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Apr 10, 2001 8:00 am
Secretary of State
04-10-2001 90139 021 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)