


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90066 010 ***150.00

DOCUMENT # S40985	
1. Entity Name DAVID K. YOON, M.D., P.A.	

Principal Place of Business 165 SAGE BLUSH TR ORMOND BEACH, FL 32174	Mailing Address 1180 W GRANADA BLVD. ORMOND BEACH, FL 32174
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50014788

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 926 SAGE BLVD
City & State Orlando - City FL	City & State Orlando - City FL
Zip 32763	Country USA



02102005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3059212	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONLEY, DENNIS L. P.A. 618 NO WILD OLIVE AVE. DAYTONA BEACH, FL 32118	
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YOON, DAVID K 165 SAGE BLUSH TR ORMOND BCH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **270-05**

Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #