

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # 626157

(2)

HONG TAING TEK, M.D., P.A.

1820 BARRS ST. SUITE 433
JACKSONVILLE FL 32204

1820 BARRS ST. SUITE 433
JACKSONVILLE FL 32204

APPROVED
AND
FILED

COMM - 1995-51

FLORIDA
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date of Report (Required) 06/15/1999 3a. Date of Last Report 05/01/1994

4. FFI Number 59-1917317 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

7. The corporation has liability for intangible tax under S. 194.032, Florida Statutes ☒ Yes ☐ No

8. The corporation has liability for intangible tax under S. 194.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

TEK, HONG T.
1820 BARRS ST.
SUITE 433
JACKSONVILLE FL 32204

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. State

FL

11. Pursuant to the provisions of Sections 607.01(1) and 607.01(2), Florida Statutes, the above named corporation certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.01(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of New Registered Agent

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME	D TEK, HONG TAING	1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	1820 BARRS ST. SUITE 433	2. STREET ADDRESS	
3. CITY	JACKSONVILLE FL	3. CITY	
4. NAME	PST TEK, HONG TAING	4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS	1820 BARRS ST. SUITE 433	5. STREET ADDRESS	
6. CITY	JACKSONVILLE FL	6. CITY	
7. NAME		7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY		9. CITY	
10. NAME		10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY		12. CITY	
13. NAME		13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY		15. CITY	
16. NAME		16. NAME	☐ Change ☐ Addition
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY		18. CITY	
19. NAME		19. NAME	☐ Change ☐ Addition
20. STREET ADDRESS		20. STREET ADDRESS	
21. CITY		21. CITY	

14. I hereby certify that the information supplied by the filer is true and correct and that the filer is qualified for the position stated in the form. I further certify that the information made effect as the person responsible for the preparation and filing of this report and that the filer shall have the same legal effect as if made by the filer. I am familiar with and accept the obligations of Section 607.01(2), Florida Statutes.

SIGNATURE:

Hong Taing Tek, M.D., P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR