2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED **DOCUMENT #626157** 1. Entity Name 07 OCT 12 PH 1: 17 HONG TAING TEK, M.D., P.A. SECKLIMAL I STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1820 BARRS ST. SUITE 733 1820 BARRS ST. SUITE 733 JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32204 3. Mailing Address 6467 Ferber Road 2. Principal Place of Business - No P.O. Box I 6467 Ferber 09272007 REIN-P CR2E098 (1/07) City & State JACKSONVILLE, FC 4. FEI Number Applied For 59-1917317 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BROCK, RICHARD D CPA Street Address (P.O. Box Number is Not Acceptable) 1301 RIVERPLACE BLVD, SUITE 2400 JACKSONVILLE, FL 32207 City 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 HONG TAING TEK (NOTE: Registered Agent signature required when reinstating) They Tarry H G FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2008, Fee will be \$300.00 corporation did not receive the prior notice ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Delete TITLE TEK HONG TAING NAME NAME 6467 Ferber Road JACKSONVILLE, FL 32277 Change Addition STREET ADDRESS 1820 BARRS ST. SUITE 733 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL CHY-SI-ZIP **PST** TITLE TITLE ☐ Defete 6467 Ferber Rond TEK, HONG TAING NAME NAME 1820 BARRS ST. SUITE 733 STREET ADDRESS STREET ADDRESS JACKSONVI //e, FL 32277 CITY-ST-ZIP JACKSONVILLE, FL City -St-2iP TITLE Delete TITLE 6001 10728776 10/12/07-01027-012 **150.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Decimination Decimination