2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 626157

1. Entity Name
HONG TAING TEK, M.D., P.A.

FILED
07 OCT 12 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09272007 REIN-P CR2E098 (1/07)

Principal Place of Business	Mailing Address
1820 BARRS ST. SUITE 733 JACKSONVILLE, FL 32204	1820 BARRS ST. SUITE 733 JACKSONVILLE, FL 32204

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6467 Ferber Road	6467 Ferber Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32277 Country: Duval	Zip: 32277 Country: Duval

4. FEI Number: 59-1917317 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROCK, RICHARD D CPA 1301 RIVERPLACE BLVD, SUITE 2400 JACKSONVILLE, FL 32207	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: Hong Taing Tek HONG TAING TEK 10/08/07
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 January 1, 2008, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	TEK, HONG TAING		NAME	
STREET ADDRESS	1820 BARRS ST. SUITE 733		STREET ADDRESS	6467 Ferber Road
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP	Jacksonville, FL 32277
TITLE	PST	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	TEK, HONG TAING		NAME	
STREET ADDRESS	1820 BARRS ST. SUITE 733		STREET ADDRESS	6467 Ferber Road
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP	Jacksonville, FL 32277
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	600110782776
CITY-ST-ZIP			CITY-ST-ZIP	10/12/07--01027--012 **150.00
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS	REINSTATEMENT		STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RH 10-07		NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-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: Hong Taing Tek HONG TAING TEK, M.D., P.A. 10/08/07 904 744 1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #