


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 643386	
1. Entity Name JOSE A. D. CALLUENG, M.D., P.A.	

Principal Place of Business 8468 W. PERIWINKLE LN. SUITE C HOMOSASSA, FL 34446 US	Mailing Address 8468 W. PERIWINKLE LN. SUITE C HOMOSASSA, FL 34446 US
---	---

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
--	--

FILED
04 OCT 25 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10202004 REIN-P CR2E098 (6/04)

4. FEI Number 59-1944634	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CALLUENG, JOSE A D 8468 W. PERIWINKLE LANE SUITE C HOMOSASSA, FL 34446	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:  (NOTE: Registered Agent signature required when reinstating) **10/21/04** DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, 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 NAME STREET ADDRESS CITY-ST-ZIP	P CALLUENG, JOSE A M.D. 8468 W. PERIWINKLE LN. HOMOSASSA, FL 34446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500042161775 10/25/04--01074--020 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CALLUENG, ZINNIA 8468 W. PERIWINKLE LANE, SUITE C HOMOSASSA, FL 34446 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **JOSE A. D. CALLUENG, M.D.**  **10/21/04 (352) 628-7270**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #