2013 FOR PROFIT CORPORATION REINSTATEMENT

FILED
May 29, 2013
Secretary of State

DOCUMENT# 643386

Entity Name: JOSE A. D. CALLUENG, M.D., P.A.

Current Principal Place of Business:

8468 W. PERIWINKLE LN.
SUITE C
HOMOSASSA, FL 34446 US

New Principal Place of Business:

Current Mailing Address:

8468 W. PERIWINKLE LN.
SUITE C
HOMOSASSA, FL 34446 US

New Mailing Address:

FEI Number: 59-1944634 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEONE, RICK
438 SADDELLBAY LOOP
OCOEE, FL 34761 US

Name and Address of New Registered Agent:

CALLUENG, ZINNIA G M.D.
8468W. PERIWINKLE LN.
STE. C
HOMOSASSA, FL 34446 US

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.

SIGNATURE: ZINNIA G. CALLUENG, M.D. 05/29/2013
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: CALLUENG, JOSE A M.D.
Address: 8468 W. PERIWINKLE LN.
City-St-Zip: HOMOSASSA, FL 34446 US

Title: VPD
Name: CALLUENG, ZINNIA G
Address: 8468 W. PERIWINKLE LANE, SUITE C
City-St-Zip: HOMOSASSA, FL 34446

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ZINNIA G. CALLUENG, M.D. VPD 05/29/2013
Electronic Signature of Signing Officer or Director Date