PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

'03 MAY -7 AM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000114291

1. Corporation Name
JOHN B. HUNT MD, P.A.

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
11250-15 OLD ST. AUGUSTINE RD	PMB 392, 11250-15 OLD ST. AUGUSTINE RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State JACKSONVILLE , FL	City & State JACKSONVILLE , FL
Zip 32257 / Country	Zip 32257 / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3760169 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: TERESA HARRINGTON, CPA

300018316993
05/07/03--01013--007 **917.50

Street Address (P.O. Box Number is Not Acceptable): 1405 KINGSLEY AVE

Suite, Apt. #, Etc.

City: ORANGE PARK | State: FL | Zip Code: 32073

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Teresa Harrington Date: 4/28/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	HUNT, JOHN B.	11250-15 OLD ST. AUGUSTINE RD	JACKSONVILLE , FL 32257

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: John B. Hunt 4/28/03 904-376-9311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

John B. Hunt, MD, P.A.

PMB 392
1250-15 Old St. Augustine Rd.
Jacksonville, Fl. 32257

904-260-9988
FAX 904-260-8030

December 16, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL. 32314

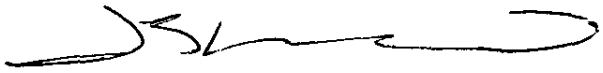
Dear Sir/Madam:

I request two (2) certificates of status. One should be mailed to me at my registered mailing address. The second should be mailed to my registered agent at the address below.

Teresa Herrington, CPA
1405 Kingsley Ave.
Orange Park, FL 32073

If two certificates are not possible, please mail the one to me and refund the fee for the second certificate.

Thank you,



John Hunt