2011 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 04, 2011
Secretary of State

DOCUMENT# P02000047778

Entity Name: JOHN D. ZONGKER, DDS, P.A.

Current Principal Place of Business:

9770 BAYMEADOWS ROAD SUITE 113
JACKSONVILLE, FL 32256

New Principal Place of Business:

9770 BAYMEADOWS ROAD SUITE 113
113
JACKSONVILLE, FL 32256

Current Mailing Address:

9770 BAYMEADOWS ROAD SUITE 113
JACKSONVILLE, FL 32256

New Mailing Address:

9770 BAYMEADOWS ROAD SUITE 113
113
JACKSONVILLE, FL 32256

FEI Number: 33-1152391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZONGKER, JOHN D DDS
9770 BAYMEADOWS ROAD SUITE 113
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

ZONGKER, JOHN D DDS
9770 BAYMEADOWS ROAD SUITE 113
113
JACKSONVILLE, FL 32256 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: JOHN D ZONGKER 10/04/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DR.
Name: ZONGKER, JOHN D DDS
Address: 9770 BAYMEADOWS ROAD SUITE 113
City-St-Zip: JACKSONVILLE, FL 32256

Title: MRS.
Name: ZONGKER, KAREN S
Address: 9770 BAYMEADOWS ROAD SUITE 113
City-St-Zip: JACKSONVILLE, FL 32256 US

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: JOHN D ZONGKER DR 10/04/2011
Electronic Signature of Signing Officer or Director Date