

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000056554

1. Entity Name
JUNG HO KIM, M.D., P.A.



FILED
08 NOV -3 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4131 NW 13TH STREET
SUITE 101
GAINESVILLE, FL 32609-185

Mailing Address
500 NW 43RD STREET
SUITE 3
GAINESVILLE, FL 32607

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

153 SW Breezy Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10292008 REIN-P CR2E098 (1/07)

City & State

City & State

Lake City, FL

4. FEI Number
32-0021214

Applied For
Not Applicable

Zip

Country

Zip

32025-2451

Country

Columbia

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

KIM, JUNG H
4131 NW 13TH STREET
SUITE 101
GAINESVILLE, FL 32609

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

Signature, typed or printed name of registered agent, or both, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, 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 P
NAME KIM, JUNG H MD ☐ Delete
STREET ADDRESS 500 NW 43RD STREET, SUITE 3
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE ☒ Change ☐ Addition
NAME 153 SW Breezy Dr
STREET ADDRESS Lake City, FL 32025-2451

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
900137582079
11/03/08--01072--015 **150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/18