

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000054488

Entity Name: J.B. LLINAS, M.D., P.A.

**FILED**  
**Jan 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2879 NW 4TH LANE  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

981 E. EAU GALLIE BLVD  
SUITEE, PMB 118  
MELBOURNE, FL 32937

**Current Mailing Address:**

2879 NW 4TH LANE  
GAINESVILLE, FL 32607

**New Mailing Address:**

981 E. EAU GALLIE BLVD  
SUITEE, PMB 118  
MELBOURNE, FL 32937

FEI Number: 20-0032406

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WALKER, S. SCOTT  
527 EAST UNIVERSITY AVENUE  
GAINESVILLE, FL 32601 US

**Name and Address of New Registered Agent:**

LLINAS, JACQUELINE  
981 E. EAU GALLIE BLVD  
SUITE E, PMB 118  
MELBOURNE, FL 326013293 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: JACQUELINE LLINAS

01/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LLINAS, JACQUELINE B  
Address: 981 E EAU GALLIE BLVD  
City-St-Zip: MELBOURNE, FL 32937

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: JACQUELINE LLINAS

PRES

01/30/2012

Electronic Signature of Signing Officer or Director

Date