

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000084161

**FILED**  
**Oct 15, 2014**  
**Secretary of State**

**Entity Name:** JOHN R. CHEWNING, DO, PA

**Current Principal Place of Business:**

1400 HAND AVE  
SUITE K  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

1425 HAND AVENUE  
SUITE L  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

1400 HAND AVE  
SUITE K  
ORMOND BEACH, FL 32174

**New Mailing Address:**

1425 HAND AVENUE  
SUITE L  
ORMOND BEACH, FL 32174

**FEI Number:** 20-5086177

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHEWNING, JOHN  
1400 HAND AVE  
SUITE K  
ORMOND BEACH, FL 32174 US

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

CHEWNING, JOHN  
1425 HAND AVENUE  
SUITE L  
ORMOND BEACH, FL 32174 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 R. CHEWNING DO

10/15/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: CHEWNING, JOHN R  
Address: 1425 HAND AVENUE, SUITE L  
City-St-Zip: ORMOND BEACH, FL 32174 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 R. CHEWNING

OWNE

10/15/2014

Electronic Signature of Signing Officer or Director

Date