

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JAN - 2 PM 3:34

DOCUMENT # **748891**

1. Corporation Name

**FLORIDA PUBLIC HEALTH ASSOCIATION, INC.**

400003532644--2  
-01/11/01--01042--006  
\*\*\*\*236.25 \*\*\*\*236.25

Principal Place of Business

2589 PARK ST.  
JACKSONVILLE FL 32204-4554

Mailing Address

2589 PARK ST.  
JACKSONVILLE FL 32204-4554

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT *GD*

4. Date Incorporated or Qualified To Do Business in Florida

09/12/1979

5. FEI Number

59-2200250

Applied For

Not Applicable

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

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	UNSICKER, DELORES RN	653-1WEST 8TH ST	JACKSONVILLE FL 32209
PED	SWANN, KEN	7623 LITTLE RD STE 100-B	NEW PORT RICHEY FL 34654
VD	MELTON, MARGARET MS	3125 CONNER BLVD BLDG 9	TALLAHASSEE FL 32399
TD	RARICK, BETTE	1217 PEARL ST	JAX FL 32202
D	HARVEY, ROBERT J	2589 PARK ST.	JACKSONVILLE FL 32204
VD	SORENSEN, BONNIE MD	420 FENTRESS BLVD <i>SEE ATTACHED</i>	DAYTONA BCH FL 32114

8. Name and Address of Current Registered Agent

HARVEY, ROBERT J  
2589 PARK ST.  
JACKSONVILLE FL 32204

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*SIGNATURE REQUIRED*  
REGISTERED AGENT MUST SIGN

Date *12/29/00*

11. 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:

*SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Harvey

Date

*12/29/00 904384-8230*

Daytime Phone #

CR2EC40 (8/00)

# 2000 UNIFORM BUSINESS REPORT (UBR)

2

**DOCUMENT # 748891**

1. Entity Name

**FLORIDA PUBLIC HEALTH ASSOCIATION, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JAN -2 PM 1:42

Principal Place of Business

Mailing Address

2589 PARK ST.  
JACKSONVILLE FL 32204-4554

2589 PARK ST.  
JACKSONVILLE FL 32204-4554

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2200250

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARVEY, ROBERT J  
2589 PARK ST.  
JACKSONVILLE FL 32204

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  Delete  
NAME UNSICKER, DELORES RN  
STREET ADDRESS 653-1WEST 8TH ST  
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE DP  Change  Addition  
NAME REID, MICHAEL, Ph.D.  
STREET ADDRESS 13201 BRUCE B DOWNS BLVD. MDC-56  
CITY-ST-ZIP TAMPA FL

TITLE PED  Delete  
NAME SWANN, KEN  
STREET ADDRESS 7623 LITTLE RD STE 100-B  
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE DPE  Change  Addition  
NAME SORENSON, BONNIE  
STREET ADDRESS 420 FENTRESS BLVD.  
CITY-ST-ZIP DAYTONA BEACH FL

TITLE VD  Delete  
NAME MELTON, MARGARET MS  
STREET ADDRESS 3125 CONNER BLVD BLDG 9  
CITY-ST-ZIP TALLAHASSEE FL 32399-1650

TITLE DVP  Change  Addition  
NAME RICHMOND, GREG  
STREET ADDRESS 604 COURTLAND ST. #200  
CITY-ST-ZIP ORLANDO FL

TITLE TD  Delete  
NAME RARICK, BETTE  
STREET ADDRESS 1217 PEARL ST  
CITY-ST-ZIP JAX FL 32202

TITLE DVP  Change  Addition  
NAME RICHARDSON, BARBARA, Ph.D. RN  
STREET ADDRESS P.O. BOX 2157  
CITY-ST-ZIP ALACHUA FL

TITLE D  Delete  
NAME HARVEY, ROBERT J  
STREET ADDRESS 2589 PARK ST.  
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  Delete  
NAME SORENSON, BONNIE MD  
STREET ADDRESS 420 FENTRESS BLVD  
CITY-ST-ZIP DAYTONA BCH FL 32114

TITLE DT  Change  Addition  
NAME CHAPMAN, NICK  
STREET ADDRESS P.O. BOX 578  
CITY-ST-ZIP GREEN COVE SPRINGS FL

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17/29/00

Date Daytime Phone #

CR2E037 (5/00)