

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB -4 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 770390

1. Corporation Name

HERNANDO COUNTY MEDICAL SOCIETY ALLIANCE, INC.

Principal Place of Business

C/O SUSAN MCCARRAGHER  
14385 HUNT CLUB LN.  
BROOKSVILLE FL 34609  
US

Mailing Address

C/O SUSAN MCCARRAGHER  
14385 HUNT CLUB LN.  
BROOKSVILLE FL 34609  
US

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 01-02

4. Date Incorporated or Qualified  
To Do Business in Florida

09/23/1983

5. FEI Number

59-2471222

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
VPD	MCCARRAGHER, SUSAN	14385 HUNT CLUB LN	BROOKSVILLE FL 34609
VPD	MAUREEN SOLIMAN	7533 JOMEL DR	SPRING HILL FL
PD	KANURI, RADHA	1609 WATERS WAY	SPRING HILL FL 34607
TD	SUSAN MCCARRAGHER	14385 HUNT CLUB LN	SPRING HILL FL
			400004911854--6 -02/12/02--01060--006 ****297.50 ****297.50

8. Name and Address of Current Registered Agent

MCCARRAGHER, SUSAN  
14385 HUNT CLUB LN  
BROOKSVILLE FL 34609

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

Jan 15/02

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

Date

Daytime Phone #

Jan 15/02 352-848009

CR2E040 (8/01)