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DIVISION OF CORPORATIONS  
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Ps 2/7/12

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Gary L. Howell, Psy.D., P.C.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Dr. Gary Howell

Name of Person

Gary L. Howell, Psy.D., P.C.

Firm/Company

1190 E. Washington St., S631

Address

Tampa, Florida 33602

City/State and Zip code

garyhowellpsyd@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Gary Howell

at (813) 419-7793

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

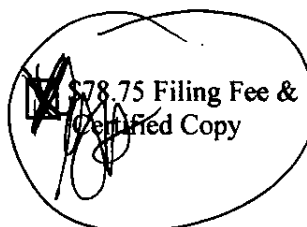
**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status



☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Gary L. Howell, Psy.D., P.C.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Illinois

(State or country under the law of which it is incorporated)

3. 27-3870049

(FEI number, if applicable)

4. 10/29/2010

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1190 E. Washington St., S631 - Tampa, FL 33602

(Principal office address)

1190 E. Washington St., S631 - Tampa, FL 33602

(Current mailing address)

8. Clinical psychology private practice

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Dr. Gary Howell

Office Address: 1190 E. Washington St., S631

Tampa

(City)

, Florida 33602

(Zip code)

10. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
\_\_\_\_\_  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Gary Howell, Psy.D.

Address: 1190 E. Washington St., S631

Tampa, FL 33602

Vice Chairman: Gary Howell, Psy.D.

Address: 1190 E. Washington St., S631

Tampa, FL 33602

Director: Gary Howell, Psy.D.

Address: 1190 E. Washington St., S631

Tampa, FL 33602

Director: Gary Howell, Psy.D.

Address: 1190 E. Washington St., S631

Tampa, FL 33602

**B. OFFICERS**

President: Gary Howell, Psy.D.

Address: 1190 E. Washington St., S631

Tampa, FL 33602

Vice President: Gary Howell, Psy.D.

Address: 1190 E. Washington St., S631

Tampa, FL 33602

Secretary: Gary Howell, Psy.D.

Address: 1190 E. Washington St., S631 - Tampa, FL 33602

Treasurer: Gary Howell, Psy.D.

Address: 1190 E. Washington St., S631 - Tampa, FL 33602

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

Signature of Director or Officer

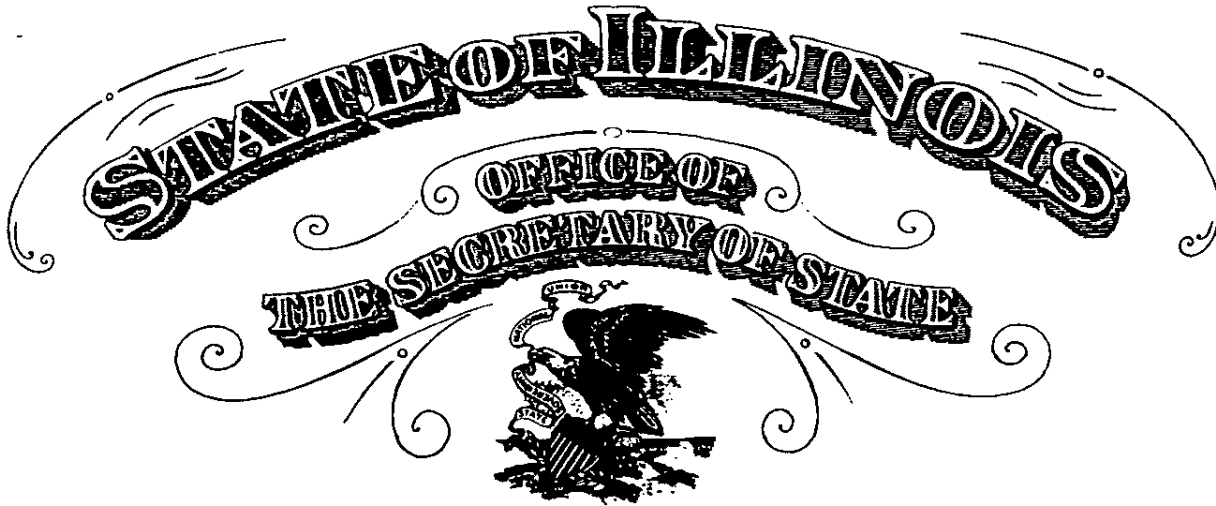
The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Gary Howell, Psy.D., President/Owner

(Typed or printed name and capacity of person signing application)

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File Number 6726-449-5



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

GARY L. HOWELL, PSY.D., P.C., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 29, 2010, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1203402312

Authenticate at: <http://www.cyberdriveillinois.com>

**In Testimony Whereof, I hereto set**  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 3RD*  
*day of FEBRUARY A.D. 2012 .*

*Jesse White*

SECRETARY OF STATE

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SECRETARY OF CORPORATIONS  
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