

F12000000552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

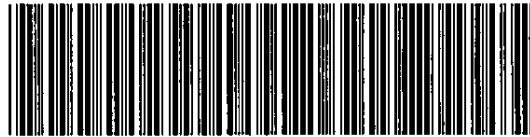
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 AUG -8 P 4: 15

FILED

T. LEWIS

AUG 17 2016



**HUNTER  
BUSINESS LAW**

813.867.2640

www.hunterbusinesslaw.com



August 3, 2016

*Sent Via US Priority Mail*

*Tracking # 9405 5118 9956 3043 0909 15*

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: Entity Conversion from Illinois to Florida

To Whom it May Concern:

Enclosed please find the following:

1. The Withdrawal of Foreign Profit Corporation Form for Gary L. Howell, Psy.D.,P.C, along with check # 1967 in the amount of \$35.00; and
2. An Original and one (1) Copy of the Certificate of Domestication for the conversion of the Illinois entity Gary L. Howell, Psy.D.,P.C, to a Florida entity, along with check # 1966 in the amount of \$128.75.

It is our request that you first file the Withdrawal of Foreign Profit Corporation Form for Gary L. Howell, Psy.D.,P.C, and then second, file the Certificate of Domestication for the conversion of the Illinois entity Gary L. Howell, Psy.D.,P.C, to a Florida entity.

Thank you for your assistance and please do not hesitate to contact me if you have any questions or need any additional information.

Thank you and regards.

HUNTER BUSINESS LAW

Katelyn J. Dougherty, CP

Encls.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Withdrawal of Foreign Profit Corporation - Gary L. Howell, Psy.D., P.C.  
(Name of Corporation)

**DOCUMENT NUMBER:** F12000000552

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sheryl S. Hunter

(Name of Person)

Hunter Business Law

(Firm/Company)

119 S. Dakota Avenue

(Address)

Tampa, FL 33606

(City/State and Zip code)

For further information concerning this matter, please call:

Sheryl Hunter

(Name of Person)

at ( 813 ) 867-2640

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☒ \$35 Filing Fee   ☐ \$43.75 Filing Fee & Certificate of Status   ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)   ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL. 32301

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

**GARY L. HOWELL, PSY.D., P.C.**

(Name of Corporation)

**F12000000552**

(Document Number of Corporation (if known))

**Illinois**

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

**505 W ALVA ST**

(Mailing Address)

**TAMPA, FL 33603**

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

**Dr. Gary L. Howell**

(Typed or printed name of person signing)

**August 2, 2016**

(Date)

**President**

(Title of person signing)

**FILING FEE \$35**