

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 NOV 15 AM 9:49

DOCUMENT # H59088

1. Corporation Name

H.C. MCLOUGHLIN, M.D., P.A.

Principal Place of Business

Mailing Address

328 E. HILLSBORO BLVD.  
DEERFIELD BEACH FL 33441  
US

328 E. HILLSBORO BLVD.  
DEERFIELD BEACH FL 33441  
US



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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/01/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2537686

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$9.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MCLOUGHLIN, H.C.	328 E. HILLSBORO	DEERFIELD BEACH FL
			400004703224--4 -12/04/01--01008--005 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCLOUGHLIN, M.D. P H.C.  
328 E. HILLSBORO BLVD.  
DEERFIELD BEACH FL 33441

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

*H.C. McLaughlin*

REGISTERED AGENT MUST SIGN

Date

10/16/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*H.C. McLaughlin*

Date

Daytime Phone #

10/16/01

CR2E040 (8/01)

20f2

**Bristol Medical Center**  
**H. Conor McLoughlin, M.D., P.A.**

328 East Hillsboro Boulevard • Deerfield Beach, Florida 33441  
(954) 427-3355 • FAX (954) 480-6495

October 16, 2001

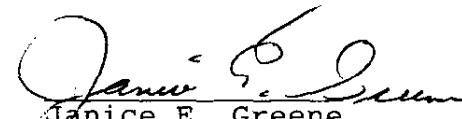
To Whom It May Concern:

In going over my records, I have no copy or any paper work pertaining to the original application.

Enclosed please find a check in the amount of \$150.00.

If you have any further questions, please feel free to call me.

Sincerely,

  
Janice E. Greene  
Office Manager