

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 15 PM 1:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000001400**

1. Corporation Name

**JOHN C. WHELTON, M.D., P.A.**

Principal Place of Business

Mailing Address

2617 N. FLAGLER DRIVE  
SUITE 201  
WEST PALM BEACH FL 33407-5543  
US

2617 N FLAGLER DR  
STE 201  
W PALM BCH FL 33407  
US

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

REINSTATEMENT

03



300025489793  
12/15/03--01013--012 \*\*150.00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12/28/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0456373

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WHELTON, JOHN C	2617 N. FLAGLER DRIVE, STE 201	WEST PALM BEACH FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCCABE, JOHN P  
265 SUNRISE AVENUE  
SUITE 204  
PALM BEACH FL

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/4/2003

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

Date

Daytime Phone #

12/4/2003

CR2E040 (7/03)

JOHN C. WHELTON, M.D., F.A.R.A.  
RHEUMATOLOGY

NORTHWOOD MEDICAL CENTER  
2617 N. FLAGLER DRIVE, SUITE 201  
WEST PALM BEACH, FLORIDA 33407

TELEPHONE (561) 833-6700  
FAX (561) 833-6306

December 8, 2003

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

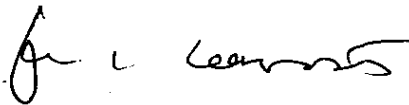
RE: John C. Whelton, M.D., PA  
FEI #65-0456373

TO WHOM IT MAY CONCERN:

Enclosed please find our check #3164 in the amount of \$150.00 for the filing fee of our corporation annual report/uniform business report. Since we never received the two prior uniform business report (UBR) notices, I am asking that you waive the reinstatement fee.

Please find enclosed our completed application form.

Sincerely,



John C. Whelton, M.D.

JCW/mh  
Enclosures