

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000006793

1. Corporation Name

CAM MCCARTHY, MPH, PH.D. P.A.

Principal Place of Business

1033 MONTANA ST
ORLANDO FL 32803

Mailing Address

1033 MONTANA ST
ORLANDO FL 32803

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/26/1995

5. FEI Number

59-3291424

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
P	MCCARTHY, CAM	2051 WOODLAWN DRIVE	ORLANDO FL 32803
<i>Dept of State:</i> <i>Please note: No prior UBR notices were ever</i> <i>received for year 2002. (Neither 1st or</i> <i>2nd notices). Please restate.</i> <i>Thank you,</i> <i>Cam McCarthy, MPH PhD</i> <i>President</i>			
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024UBR			

8. Name and Address of Current Registered Agent

MCCARTHY, CAM
2051 WOODLAWN DR
ORLANDO FL 32803

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. or 617.0505; F.S.

Signature of
Registered Agent

Dr Cam McCarthy
REGISTERED AGENT MUST SIGN

Date 10-22-02

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:

Dr Cam McCarthy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-02

Date

(407) 895-9700
Daytime Phone #

CR2040 (8/02)