



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 28, 2007

N07 00000 43 99

ADELAIDE MEDICAL CENTER, INC.
18211 NW 5TH AVE.
MIAMI GARDENS, FL 33169-4322

SUBJECT: ADELAIDE MEDICAL CENTER, INC.
Ref. Number: N07000004399

800116633768

Debit Memo #: 83391-E

This is to inform you that your check #2513 dated November 7, 2007 in the amount of \$52.50 and submitted for ADELAIDE MEDICAL CENTER, INC. has been returned to us by your bank because of NONSUFFICIENT FUNDS.

We request that you remit a cashier's check or money order in amount of \$67.50 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations
Attn: Melinda Lilliston
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call
(850) 245-6900.

Sincerely,
Melinda Lilliston
Administrative Assistant II
Division of Corporations

Letter number: 307A00071855



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2008

ADELAIDE MEDICAL CENTER, INC.
18211 NW 5TH AVE.
MIAMI GARDENS, FL 33169-4322

SUBJECT: ADELAIDE MEDICAL CENTER, INC.
Ref. Number: N07000004399

Debit Memo #: 83391-E

Due to your failure to respond to our previous letter advising you of the attached returned check #2513, the Amendment for ADELAIDE MEDICAL CENTER, INC. has been cancelled and is considered not filed as of February 1, 2008.

If you have any questions concerning the returned check, please call (850) 245-6900.

Sincerely
Melinda Lilliston
Administrative Assistant II
Division of Corporations

Letter Number: 408A00006939