2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000004399

Jul 21, 2014 Secretary of State

Entity Name: ADELAIDE MEDICAL CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

18211 NW 5TH AVENUE

MIAMI GARDENS, FL 331694322 US

Current Mailing Address: New Mailing Address:

18211 NW 5TH AVENUE

MIAMI GARDENS, FL 331694322 US

FEI Number: 20-8950798 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JEAN, JOSEPH G 18211 NW 5TH AVENUE

MIAMI GARDENS, FL 331694322 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOSEPH GUY JEAN

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

JEAN, JOSEPH G Name: Address: 18211 NW 5TH AVE.

City-St-Zip: MIAMI GARDENS, FL 331694322 US

Title:

Name: JEAN JACQUES, GUY-MARIE

Address: 18211 NW 5 AVE

City-St-Zip: MIAMI GARDENS, FL 33169 US

Title: VP/S

JACQUES, ELISEE Name: Address: 18211 NW 5 AVE

City-St-Zip: MIAMI GARDENS, FL 33169 US

Title: Μ

Name: CURRIE, ANTHONY P.O BOX 612884 Address:

City-St-Zip: NORTH MIAMI, FL 33261 US

Title:

RICHARDSON, TESSA Name:

1351 NE MIAMI GARDENS DR. APT. 1125E Address:

City-St-Zip: MIAMI, FL 33179 US

Title:

GUENSLEY, JEROME Name: Address: 18211 NW 5 AVE

MIAMI GARDENS, FL 33169 US City-St-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH GUY JEAN PTD 07/21/2014