

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N09000002576

**FILED**  
**Oct 05, 2013**  
**Secretary of State**

**Entity Name:** MCADORY HEALTH INSTITUTE INCORPORATED

**Current Principal Place of Business:**

8401 SW 114TH ST  
MIAMI, FL 331564330 UN

**New Principal Place of Business:**

**Current Mailing Address:**

8401 SW 114TH ST  
MIAMI, FL 331564330 UN

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired (X)**

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

MCADORY, C BEARDEN  
8401 SW 114TH ST  
MIAMI, FL 331564330 US

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

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: C BEARDEN MCADORY

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MCADORY, C BEARDEN  
Address: 8401 SW 114TH ST  
City-St-Zip: MIAMI, FL 331564330

Title: D  
Name: MCADORY, MD, JOHN THOMAS  
Address: 8401 SW 114TH ST  
City-St-Zip: MIAMI, FL 331564330

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: C BEARDEN MCADORY

PRES

10/05/2013

Electronic Signature of Signing Officer or Director

Date