

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000009443

Entity Name: GARY MCADAMS, P.A.

**FILED**  
**Jul 22, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

4139 EAGLE AVE  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

4139 EAGLE AVE  
KEY WEST, FL 33040

**New Mailing Address:**

FEI Number: 56-2313809

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCADAMS, GARRETT J  
4139 EAGLE AVE  
KEY WEST, FL 33040 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: JENNIFER MCADAMS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MCADAMS, GARRETT J  
Address: 4139 EAGLE AVE  
City-St-Zip: KEY WEST, FL 33040

Title: VP  
Name: MCADAMS, JENNIFER A  
Address: 4139 EAGLE AVE  
City-St-Zip: KEY WEST, FL 33040

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JENNIFER MCADAMS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VP

07/22/2014

\_\_\_\_\_  
Date