

# **2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000024923

**FILED**  
**Sep 19, 2006**  
**Secretary of State**

**Entity Name:** DR. AMADI WHOLISTIC HEALTH CENTER, INC.

**Current Principal Place of Business:**

10220 WEST SAMPLE ROAD  
SUITE 3  
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

**Current Mailing Address:**

10220 WEST SAMPLE ROAD  
SUITE 3  
CORAL SPRINGS, FL 33065 US

**New Mailing Address:**

**FEI Number:** 01-0644075

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DALE, CHARLES S  
414 NE 4 STREET  
FORT LAUDERDALE, FL 33301 US

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

AMADI, HEPSHARAT M.D.,AP  
10220 WEST SAMPLE ROAD  
SUITE 3  
CORAL SPRINGS, FL 33065 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: HEPSHARAT AMADI, M.D., A.P.

09/19/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP ( ) Change (X) Addition  
Name: AMADI, HEPSHARAT  
Address: 10220 WEST SAMPLE ROAD SUITE 3  
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HEPSHARAT AMADI, M.D., A.P.

DP

09/19/2006

Electronic Signature of Signing Officer or Director

Date