

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000029302

**Entity Name:** MADISON FACILITY INC

**Current Principal Place of Business:**

6020 INDIANA AVE.  
NEW PORT RICHEY, FL 34653-3214

**Current Mailing Address:**

6020 INDIANA AVE.  
NEW PORT RICHEY, FL 34653-3214 US

**FEI Number:** 47-3774374

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            DIRECTOR  
Name            INDIANA AVENUE CARE INC  
Address        368 NEW HEMPSTEAD RD  
                 SUITE 321  
City-State-Zip: NEW HEMPSTEAD NY 10977

*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:** INDIANA AVENUE CARE INC

**DIRECTOR**

**04/28/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date