

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 475357

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** MILSTEAD, VAUGHT & MADONNA, M.D., P.A.

**Current Principal Place of Business:**

601 E DIXIE AVE #901  
LEESBURG, FL 347482998

**New Principal Place of Business:**

**Current Mailing Address:**

601 E DIXIE AVE  
PLAZA 901  
LEESBURG, FL 347482998 US

**New Mailing Address:**

**FEI Number:** 59-1603953

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MADONNA, DINO MD  
601 E DIXIE AVE  
MEDICAL PLAZA 901  
LEESBURG, FL 34748 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MILSTEAD, JUDITH C M.D.  
Address: 601 E DIXIE AVE #901  
City-St-Zip: LEESBURG, FL

Title: DST ( ) Delete  
Name: VAUGHT, S D  
Address: 601 E DIXIE AVE #901  
City-St-Zip: LEESBURG, FL 34748

Title: DVP ( ) Delete  
Name: MADONNA, DINO  
Address: 601 E DIXIE AVE #901  
City-St-Zip: LEESBURG, FL 34748

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DINO MADONNA

DVP

04/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date