

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 475357

FILED
Feb 21, 2011
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:

601 E DIXIE AVE
MEDICAL PLAZA 901
LEESBURG, FL 347482998

Current Mailing Address:

601 E DIXIE AVE
PLAZA 901
LEESBURG, FL 347482998 US

New Mailing Address:

601 E DIXIE AVE
MEDICAL PLAZA 901
LEESBURG, FL 347482998

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

OFFICERS AND DIRECTORS:

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

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

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

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: DINO MADONNA, MD

DVP

02/21/2011

Electronic Signature of Signing Officer or Director

Date