

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 28, 2008 08:00 AM
Secretary of State**

DOCUMENT # 655706

1. Entity Name
ALDOLFO C. DULAY, M.D., P.A.



Principal Place of Business

**228 NE HANCOCK AVE
MADISON, FL 32340**

Mailing Address

**POB 934
MADISON, FL 32341**



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1967576

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DULAY, ADOLFO C MD
228 NE HANCOCK AVE.
MADISON, FL 32340**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

000000798712
01/30/08-80040-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DULAY, ADOLFO C.
STREET ADDRESS	228 NE HANCOCK AVENUE
CITY- ST- ZIP	MADISON, FL 32340
TITLE	ST
NAME	DULAY, ADOLFO C
STREET ADDRESS	228 NE HANCOCK AVENUE
CITY- ST- ZIP	MADISON, FL 32340
TITLE	D
NAME	DULAY, MARIA L.
STREET ADDRESS	228 NE HANCOCK AVE
CITY- ST- ZIP	MADISON, FL 32340
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #