

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # G24817**

1. Entity Name  
**MADISON NURSING CENTER, INC.**



Principal Place of Business  
**302 NE HANCOCK STREET  
MADISON, FL 32340**

Mailing Address  
**P.O BOX 934  
MADISON, FL 32341**



01312005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2291042**

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.  
RT 3 BOX 2310  
MADISON, FL 32340-6540**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	DULAY, ADOLFO
STREET ADDRESS	302 NE HANCOCK ST
CITY-ST-ZIP	MADISON, FL 32340

TITLE	ST
NAME	DULAY, LINDA
STREET ADDRESS	302 NE HANCOCK ST.
CITY-ST-ZIP	MADISON, FL 32340

TITLE	VD
NAME	RIVERA, FERNANDO
STREET ADDRESS	3099 CENTRAL AVE.
CITY-ST-ZIP	LAKE STATION, IN 46405

TITLE	BD
NAME	RIVERA, FLORDILIZA
STREET ADDRESS	3099 CENTRAL AVE.
CITY-ST-ZIP	LAKE STATION, IN 46405

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 exemption stated in Section 119.07(3)(i), 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 #

**3-1-05 850-  
973-4880**