

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90281 033 ***150.00

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**

20021318



03072006 No Chg-P CR2E034 (11/05)

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 2481 W. US 90
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 **202 NE HANCOCK ST 228 NE Hancock Ave.**
CITY-ST-ZIP MADISON, FL 32340

TITLE ST
NAME DULAY, LINDA
STREET ADDRESS **302 NE HANCOCK ST 228 NE Hancock Ave.**
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

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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 empowerments.

SIGNATURE: *Adolfo Dulay* 3-15-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #