

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G24817

FILED
Apr 08, 2009
Secretary of State

Entity Name: MADISON NURSING CENTER, INC.

Current Principal Place of Business:

2481 WEST US 90
MADISON, FL 32340

New Principal Place of Business:

Current Mailing Address:

P.O BOX 934
MADISON, FL 32341

New Mailing Address:

FEI Number: 59-2291042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DULAY, ADOLFO C.
228 NE HANCOCK AVENUE
MADISON, FL 32340 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: PD () Delete
Name: DULAY, ADOLFO
Address: 228 NE HANCOCK AVE
City-St-Zip: MADISON, FL 32340

Title: ST () Delete
Name: DULAY, LINDA
Address: 228 NE HANCOCK AVE
City-St-Zip: MADISON, FL 32340

Title: VD () Delete
Name: RIVERA, FERNANDO
Address: 3099 CENTRAL AVE.
City-St-Zip: LAKE STATION, IN 46405

Title: BD () Delete
Name: RIVERA, FLORDILIZA
Address: 3099 CENTRAL AVE.
City-St-Zip: LAKE STATION, IN 46405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD (X) Change () Addition
Name: RIVERA, FERNANDO
Address: 440 SCARBOROUGH RD
City-St-Zip: VALPARAISO, IN 46385

Title: BD (X) Change () Addition
Name: RIVERA, FLORDILIZA
Address: 440 SCARBOROUGH RD
City-St-Zip: VALPARAISO, IN 46385

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: ADOLFO C DULAY

PRES

04/08/2009

Electronic Signature of Signing Officer or Director

Date