

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G24817

FILED  
Jan 19, 2010  
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:**

DULAY, ALDOLFO C MD  
228 NE HANCOCK AVENUE  
MADISON, FL 32340 US

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: ALDOLFO C DULAY, MD

01/19/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DULAY, ADOLFO  
Address: 228 NE HANCOCK AVE  
City-St-Zip: MADISON, FL 32340

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

Title: VD  
Name: RIVERA, FERNANDO  
Address: 440 SCARBOROUGH RD  
City-St-Zip: VALPARAISO, IN 46385

Title: BD  
Name: RIVERA, FLORDILIZA  
Address: 440 SCARBOROUGH RD  
City-St-Zip: VALPARAISO, IN 46385

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: LINDA DULAY

DIR

01/19/2010

Electronic Signature of Signing Officer or Director

Date