2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2011
Secretary of State

DOCUMENT# G24817

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, ALDOLFO C MD
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

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 ST 02/09/2011

Electronic Signature of Signing Officer or Director — Date