

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000058285

FILED
Jul 05, 2007
Secretary of State

Entity Name: CATHERINE C. MADAFFARI, M.D., P.A.

Current Principal Place of Business:

4745 SUTTON PARK COURT
SUITE 701
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

1329 MARSH HARBOR DRIVE
JACKSONVILLE, FL 32225

New Mailing Address:

4745 SUTTON PARK COURT
701
JACKSONVILLE, FL 32224

FEI Number: 59-3733115

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, ARTHUR
2223 OAK ST.
JACKSONVILLE, FL 32204 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: MADAFFARI, CATHERINE C
Address: 1329 MARSH HARBOR DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: MADAFFARI, CATHERINE C
Address: 4745 SUTTON PARK COURT
City-St-Zip: JACKSONVILLE, FL 32224

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: CATHERINE C MADAFFARI

MD

07/05/2007

Electronic Signature of Signing Officer or Director

_____ Date