

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000120944

**FILED**  
**Feb 03, 2012**  
**Secretary of State**

**Entity Name:** MADISON MEDICAL INCORPORATED

**Current Principal Place of Business:**

9 BUFFALO MEADOW LN  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

9 BUFFALO MEADOW LN  
PALM COAST, FL 32137

**New Mailing Address:**

**FEI Number:** 90-0199424

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KAUFMAN, CHRIS  
9 BUFFALO MEADOW LN  
PALM COAST, FL 32137 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: D  
Name: KAUFMAN, CHRISTOPHER  
Address: 9 BUFFALO MEADOW LN  
City-St-Zip: PALM COAST, FL 32137

Title: VP  
Name: LITTLES, JOE  
Address: 1783 DOCKSIDE DRIVE  
City-St-Zip: FLEMING ISLAND, FL 32003

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: CHRISTOPHER J KAUFMAN

D

02/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date