

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000096228

FILED  
Apr 23, 2007  
Secretary of State

Entity Name: BRUCE R. MADDERN, M.D., P.A.

## Current Principal Place of Business:

820 PRUDENTIAL DRIVE  
SUITE 315, HOWARD BLDG  
JACKSONVILLE, FL 32207

## New Principal Place of Business:

10475 CENTURION PARKWAY NORTH  
SUITE 302  
JACKSONVILLE, FL 32256

## Current Mailing Address:

820 PRUDENTIAL DRIVE  
SUITE 315, HOWARD BLDG  
JACKSONVILLE, FL 32207

## New Mailing Address:

10475 CENTURION PARKWAY NORTH  
SUITE 302  
JACKSONVILLE, FL 32256

FEI Number: 59-3608651

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MADDERN, BRUCE R MD  
820 PRUDENTIAL DRIVE  
SUITE 315, HOWARD BLDG  
JACKSONVILLE, FL 32207 US

## Name and Address of New Registered Agent:

MADDERN, BRUCE R MD  
10475 CENTURION PARKWAY NORTH  
SUITE 302  
JACKSONVILLE, FL 32256 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: BRUCE R. MADDERN

04/23/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: MR. ( ) Delete  
Name: MADDERN, BRUCE R M.D.  
Address: 2717 FOREST CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32257

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BRUCE R. MADDERN

DR.

04/23/2007

Electronic Signature of Signing Officer or Director

Date