

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000077579

**Entity Name:** JOHN MADDEN, P.A.

**Current Principal Place of Business:**

900 SE OCEAN BOULEVARD  
SUITE 126-C  
STUART, FL 34994

**Current Mailing Address:**

900 SE OCEAN BOULEVARD  
SUITE 126-C  
STUART, FL 34994

**FEI Number:** 65-0698589

**Certificate of Status Desired:** No

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

MADDEN, JOHN W  
900 SE OCEAN BOULEVARD  
SUITE 126-C  
STUART, FL 34994 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name MADDEN, JOHN W  
Address 900 SE OCEAN BOULEVARD, SUITE  
126-C  
City-State-Zip: STUART FL 34994

*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:** JOHN MADDEN

**PRESIDENT**

**04/28/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date