# 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P15000029302

### Entity Name: MADISON FACILITY INC

### **Current Principal Place of Business:**

400 RELLA BLVD #200 MONTEBELLO, NY 10901

# **Current Mailing Address:**

400 RELLA BLVD #200 MONTEBELLO, NY 10901 US

## FEI Number: 47-3774374

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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

## Officer/Director Detail :

TitleDIRECTORNameINDIANA AVENUE CARE INCAddress400 RELLA BLVD<br/>#200City-State-Zip:MONTEBELLO NY 10901

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.

DIRECTOR

SIGNATURE: INDIANA AVENUE CARE INC

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date

03/06/2020 Date