

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000029302

Entity Name: MADISON FACILITY INC

Current Principal Place of Business:

6020 INDIANA AVE.
NEW PORT RICHEY, FL 34653-3214

Current Mailing Address:

6020 INDIANA AVE.
NEW PORT RICHEY, FL 34653-3214 US

FEI Number: 47-3774374

Certificate of Status Desired: No

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

_____ Date

Officer/Director Detail :

Title DIRECTOR
Name INDIANA AVENUE CARE INC
Address 368 NEW HEMPSTEAD RD
 SUITE 321
City-State-Zip: NEW HEMPSTEAD NY 10977

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: INDIANA AVENUE CARE INC

DIRECTOR

04/28/2021

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date