

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR 10 PM 8:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 739668 (2)

1. Corporation Name  
**MADISON COUNTY HEALTH SERVICE, INC.**

Principal Place of Business: 201 NE MARION STREET, PO BOX 389, MADISON FL 32340-9525  
Mailing Address: 201 NE MARION STREET, PO BOX 389, MADISON FL 32340-9525

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/14/1977</b>	3a. Date of Last Report <b>03/23/1994</b>
4. FEI Number <b>59-1744350</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent  
**BROWNING, EDWIN B. JR.  
214 1/2 SOUTH RANGE ST.  
MADISON FL 32340**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BIBB, W. JOHNSON DR.
STREET ADDRESS	304 NORTH HANCOCK
CITY-ST-ZIP	MADISON, FL 00000
TITLE	STD
NAME	FOUST, MARGARET S.
STREET ADDRESS	RT. 4, BOX 1229
CITY-ST-ZIP	MADISON FL
TITLE	P
NAME	BRIGGS, GENE
STREET ADDRESS	504 N. RANGE ST
CITY-ST-ZIP	MADISON FL
TITLE	D
NAME	MORGAN, ROY D. (Term up)
STREET ADDRESS	RT 1 BOX 468
CITY-ST-ZIP	MADISON FL
TITLE	D
NAME	Elasta Pritchett
STREET ADDRESS	110 Western Avenue
CITY-ST-ZIP	Greenville, Florida 32331
TITLE	D
NAME	Rosetta Warren
STREET ADDRESS	601 S.W. Sinclair Street
CITY-ST-ZIP	Madison, Florida 32340

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Louis DeMotsis
1.3 STREET ADDRESS	U.S. 90 E
1.4 CITY-ST-ZIP	Lee, Florida 32059-0206
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gene E. Briggs*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

Feb. 14, 1995

704-973-3362  
Daytime Phone