

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified: 07/14/1977
3a. Date of Last Report: 03/10/1995
4. FEI Number: 59-1744350
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: D DELETE
NAME: BIBB, W. JOHNSON DR.
STREET ADDRESS: 304 NORTH HANCOCK
CITY-ST-ZIP: MADISON, FL 00000
TITLE: ~~XSTR~~ D DELETE
NAME: FOST, MARGARET S.
STREET ADDRESS: RT. 4, BOX 1229
CITY-ST-ZIP: MADISON FL
TITLE: P DELETE
NAME: BRIGGS, GENE
STREET ADDRESS: 504 N. RANGE ST
CITY-ST-ZIP: MADISON FL
TITLE: D DELETE
NAME: DEMOTSIS, LOUIS
STREET ADDRESS: US 90 E
CITY-ST-ZIP: LEE FL
TITLE: D DELETE
NAME: PRITCHETT, ELESTA
STREET ADDRESS: 110 WESTERN AVE
CITY-ST-ZIP: GREENVILLE FL
TITLE: D DELETE
NAME: WARREN, ROSETTA
STREET ADDRESS: 601 SW SINCLAIR ST
CITY-ST-ZIP: MADISON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12
1.1 TITLE: STD Change Addition
1.2 NAME: Terri L. Rykard
1.3 STREET ADDRESS: 201 N.E. Livingston St.
1.4 CITY-ST-ZIP: Madison, FL 32340
2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:
3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:
4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:
5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:
6.1 TITLE: Change 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)(k), 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: *Eugene E. Briggs* - Chairman of The Board 904-923-2271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Eugene E. Briggs Date: 2/5/96 Daytime Phone #

CR2E037 (12/95)