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Jun 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 739668 (2)
1. Corporation Name
MADISON COUNTY HEALTH SERVICE, INC.



Principal Place of Business 201 NE MARION STREET PO BOX 389 MADISON FL 32340-8525	Mailing Address 201 NE MARION STREET PO BOX 389 MADISON FL 32341-0389
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2. Principal Place of Business 21 201 E. MARION ST.	2a. Mailing Address 26 201 N. E MARION ST.	3. Date Incorporated or Qualified 07/14/1977	3a. Date of Last Report 02/12/1996
Suite, Apt. #, etc. 22 201 E. MARION ST.	Suite, Apt. #, etc. 27	4. FEI Number 59-1744350	Applied For <input type="checkbox"/> Not Applicable
City & State 23 Madison, Fla.	City & State 28 Madison, Fla.	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
Zip 24 32340	Country 25 Madison	Zip 29 32340	Country 30 MADISON

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 61 Name Jeffrey S. Howell 62 Street Address (P.O. Box Number is Not Acceptable) 1425 East Piedmont Drive, Suite 201 63 64 City Tallahassee FL 65 Zip Code 32312	
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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 Jeffrey S. Howell DATE 3/13/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE Vice Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BIBB, W. JOHNSON DR.		1.2 NAME Terri Rykard	
STREET ADDRESS 304 NORTH HANCOCK		1.3 STREET ADDRESS 201 NE. Livingston St.	
CITY-ST-ZIP MADISON, FL 00000		1.4 CITY-ST-ZIP MADISON, FL. 32340	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FOUST, MARGARET S.		2.2 NAME Foust, Margaret	
STREET ADDRESS RT. 4, BOX 1229		2.3 STREET ADDRESS Rt. 4 Box 1229	
CITY-ST-ZIP MADISON FL		2.4 CITY-ST-ZIP MADISON, FL. 32340	
TITLE P	<input type="checkbox"/> DELETE	3.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BRIGGS, GENE		3.2 NAME Charlie Moore	
STREET ADDRESS 504 N. RANGE ST		3.3 STREET ADDRESS Rt. 3 Box 92	
CITY-ST-ZIP MADISON FL		3.4 CITY-ST-ZIP Greenville, FL. 32331	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEMOTSIS, LOUIS		4.2 NAME	
STREET ADDRESS US 90 E		4.3 STREET ADDRESS	
CITY-ST-ZIP LEE FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PRITCHETT, ELESTA		5.2 NAME	
STREET ADDRESS 110 WESTERN AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP GREENVILLE FL		5.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WARREN, ROSETTA		6.2 NAME	
STREET ADDRESS 601 SW SINCLAIR ST		6.3 STREET ADDRESS	
CITY-ST-ZIP MADISON FL		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Jeffrey S. Howell Secretary

CR2E037 (9/96)