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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 E MARION ST PO BOX 369 MADISON FL 32340 US	Mailing Address 201 N.E. MARION ST PO BOX 369 MADISON FL 32340 US
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3. Date Incorporated or Qualified 07/14/1977	
4. FEI Number 59-1744350	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Madison County Health Service Suite, Apt. #, etc.	2a. Mailing Address 26 201 N.E. Marion St. Suite, Apt. #, etc.
City & State 22 201 E. Marion St.	City & State 27 Madison, Florida
Zip 23 32340	Country 24 Madison
Country 25 Madison	Zip 28 32340
City & State 29 32340	Country 30 MADISON

9. Name and Address of Current Registered Agent

**HOWELL, JEFFREY S
1425 EAST PIEDMONT DRIVE
STE. 201
TALLAHASSEE FL 32312**

10. Name and Address of New Registered Agent

81 Name Deena Hamies	
82 Street Address (P.O. Box Number is Not Acceptable) 201 E. Marion Street	
83 City Madison	
84 State FL	85 Zip Code 32340

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: *Deena Hamies* **Interim Administrator** **4-2-98**

(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	<input type="checkbox"/>
NAME	BIBB, W. JOHNSON DR.	
STREET ADDRESS	304 NORTH HANCOCK	
CITY-ST-ZIP	MADISON, FL 00000	
TITLE	D	<input checked="" type="checkbox"/>
NAME	FOUST, MARGARET S.	
STREET ADDRESS	RT. 4, BOX 1229	
CITY-ST-ZIP	MADISON FL	
TITLE	P	<input checked="" type="checkbox"/>
NAME	BRIGGS, GENE	
STREET ADDRESS	504 N. RANGE ST	
CITY-ST-ZIP	MADISON FL	
TITLE	D	<input type="checkbox"/>
NAME	DEMOTSIIS, LOUIS	
STREET ADDRESS	US 90 E	
CITY-ST-ZIP	LEE FL	
TITLE	D	<input type="checkbox"/>
NAME	PRITCHETT, ELESTA	
STREET ADDRESS	110 WESTERN AVE	
CITY-ST-ZIP	GREENVILLE FL	
TITLE	VC	<input type="checkbox"/>
NAME	RYKARD, TERRI	
STREET ADDRESS	201 N.E. LIVINGSTON ST	
CITY-ST-ZIP	MADISON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Kelley, Alston		
1.3 STREET ADDRESS	1824 Whispering Pines		
1.4 CITY-ST-ZIP	Madison, Fl. 32340		
2.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Moore, Charlix		
2.3 STREET ADDRESS	Rt. 3 Box 92		
2.4 CITY-ST-ZIP	Greenville, Fla. 32331		
3.1 TITLE	VC	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Stanley, Jim		
3.3 STREET ADDRESS	505 E. Oak St.		
3.4 CITY-ST-ZIP	Madison, Fl. 32340		
4.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Demotsis, Louis		
4.3 STREET ADDRESS	U.S. 90 E.		
4.4 CITY-ST-ZIP	Lee, Fl. 32059		
5.1 TITLE	S/T	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	Pritchett, Elesta		
5.3 STREET ADDRESS	110 Western Ave.		
5.4 CITY-ST-ZIP	Greenville, Fl. 32331		
6.1 TITLE	C	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	Rykard, Terri		
6.3 STREET ADDRESS	201 N.E. Livingston St.		
6.4 CITY-ST-ZIP	Madison Fl. 32340		

14. I 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.

SIGNATURE: *Terri L. Rykard* **Terri L. Rykard** **1/15/98** **(800) 993-2271**

CR2E037 (10/97)