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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739668

1. Corporation Name
MADISON COUNTY HEALTH SERVICE, INC.

Principal Place of Business
MADISON COUNTY HEALTH SERVICES
201 E. MARION ST
MADISON FL 32340
US

Mailing Address
201 N.E. MARION ST
MADISON FL 32340
US



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	3. Date incorporated or Qualified 07/14/1977	4. FEI Number 59-1744350 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
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9. Name and Address of Current Registered Agent HAMES, DEENA 201 E. MARION STREET 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 FL 85 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NO 'E' Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE BIBB, W. JOHNSON DR. 304 NORTH HANCOCK MADISON, FL 00000	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mary Alice Lewis 404 N. Range St. Madison, Fla. 32340
TITLE D	<input type="checkbox"/> DELETE KELLEY, ALSTON 1824 WHISPERING PINES MADISON FL 32340	2.1 TITLE Ne	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jim Stanley 505 E. Oak Street Madison, Fl. 32340
TITLE D	<input type="checkbox"/> DELETE MOORE, CHARLIE RT. 3 BOX 92 GREENVILLE FL 32331	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> DELETE DEMOTSIS, LOUIS US 90 E LEE FL 32059	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST	<input type="checkbox"/> DELETE PRITCHETT, ELESTA 110 WESTERN AVE GREENVILLE FL 32331	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE C	<input type="checkbox"/> DELETE RYKARD, TERRI 201 N.E. LIVINGSTON ST MADISON FL 32340	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3-8-99 850 773-1003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)