


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90081 043 ****61.25

0082843

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 Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date incorporated or Qualified 07/14/1977	
				4. FEI Number 59-1744350	
				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	

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	
--	--	--	--	---	--

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BIBB, W. JOHNSON DR.			1.2 NAME	Mary Alice Lewis		
STREET ADDRESS	304 NORTH HANCOCK			1.3 STREET ADDRESS	404 N. Range St.		
CITY-ST-ZIP	MADISON, FL 00000			1.4 CITY-ST-ZIP	Madison, Fla. 32340		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	Ne	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KELLEY, ALSTON			2.2 NAME	Jim Stanley		
STREET ADDRESS	1824 WHISPERING PINES			2.3 STREET ADDRESS	505 E. Oak Street		
CITY-ST-ZIP	MADISON FL 32340			2.4 CITY-ST-ZIP	Madison, FL 32340		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORE, CHARLIE			3.2 NAME			
STREET ADDRESS	RT. 3 BOX 92			3.3 STREET ADDRESS			
CITY-ST-ZIP	GREENVILLE FL 32331			3.4 CITY-ST-ZIP			
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 32059			4.4 CITY-ST-ZIP			
TITLE	ST	<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 32331			5.4 CITY-ST-ZIP			
TITLE	C	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RYKARD, TERRI			6.2 NAME			
STREET ADDRESS	201 N.E. LIVINGSTON ST			6.3 STREET ADDRESS			
CITY-ST-ZIP	MADISON FL 32340			6.4 CITY-ST-ZIP			

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-99

Date

850 773-1003

Daytime Phone #

CR2E037 (1/98)