

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jul 07, 2000 8:00 am**  
**Secretary of State**

07-07-2000 90395 022 \*\*\*\*61.25

**DOCUMENT # 739668**

1. Entity Name

**MADISON COUNTY HEALTH SERVICE, INC.**

Principal Place of Business

Mailing Address

**MADISON COUNTY HEALTH SERVICES  
 201 E. MARION ST  
 MADISON FL 32340  
 US**

**201 N.E. MARION ST  
 MADISON FL 32340  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1744350**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAMES, DEENA  
 201 E. MARION STREET  
 MADISON FL 32340**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, MARY ALICE	
STREET ADDRESS	404 N RANGE ST	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KELLEY, ALSTON	
STREET ADDRESS	1824 WHISPERING PINES	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, CHARLIE	
STREET ADDRESS	RT. 3 BOX 92	
CITY-ST-ZIP	GREENVILLE FL 32331	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEMOTSIS, LOUIS	
STREET ADDRESS	US 90 E	
CITY-ST-ZIP	LEE FL 32059	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PRITCHETT, ELESTA	
STREET ADDRESS	110 WESTERN AVE	
CITY-ST-ZIP	GREENVILLE FL 32331	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	RYKARD, TERRI	
STREET ADDRESS	201 N.E. LIVINGSTON ST	
CITY-ST-ZIP	MADISON FL 32340	

TITLE	VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Stanley	
STREET ADDRESS	505 E. Oak St	
CITY-ST-ZIP	Madison, FL 32340	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jessie Hickman	
STREET ADDRESS	1816 Pine Lane - Whispering Pines	
CITY-ST-ZIP	Madison, FL 32340	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	marie Bell	
STREET ADDRESS	1308 Brookwood Rd.	
CITY-ST-ZIP	Madison, FL 32340	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: **1/20/00**

Date

Daytime Phone #