

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739668

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1744350

Applied For

Not Applicable

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 VC  
NAME STANLEY, JIM  
STREET ADDRESS 505 E OAK ST  
CITY-ST-ZIP MADISON FL 32340 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME BELL, MARIE  
STREET ADDRESS 1308 BROOKWOOD RD.  
CITY-ST-ZIP MADISON FL 32340 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME MOORE, CHARLIE  
STREET ADDRESS RT. 3 BOX 92  
CITY-ST-ZIP GREENVILLE FL 32331 ☐ Delete

TITLE C  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME DEMOTSIS, LOUIS  
STREET ADDRESS US 90 E  
CITY-ST-ZIP LEE FL 32059 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST  
NAME PRITCHETT, ELESTA  
STREET ADDRESS 110 WESTERN AVE  
CITY-ST-ZIP GREENVILLE FL 32331 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*ELESTA PRITCHETT*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/17/02



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)