

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90040 039 ****61.25

DOCUMENT # 739668

1. Entity Name
MADISON COUNTY HEALTH SERVICE, INC.



Principal Place of Business
**201 EAST MARION ST.
MADISON, FL 32340 US**

Mailing Address
**201 EAST MARION ST.
MADISON, FL 32340 US**

24010862



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052004

Chg-NP

CR2E037 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Deena Hames

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STONE, TOM
P.O. Box 292
MADISON, FL 32340** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SMITH, ROBERT
204 N. ORANGE ST.
MADISON, FL 32340** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CHAIRMAN
MOORE, CHARLIE
7379 LOVETT RD.
GREENVILLE FL 32331** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DEMOTIS, LOUIS
US 90 E
LEE, FL 32059** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Pugh, Bob
RT 3 Box 488
MADISON, FL 32340** ☐ Change ☒ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ALSTON, KELLEY H
RT. 4 BOX 1870
MADISON, FL 32340** ☐ 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:

Deena Hames

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-04

Date

(850) 973-2271

Daytime Phone #



Division of Corporations

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Business Entity Name

MADISON COUNTY HEALTH SERVICE, INC.

FEI Number

591744350

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No \$8.75 each

Principal Place of Business

Address

201 EAST MARION ST.

Suite, Apt. #, etc.

City, State

MADISON

FL

Zip Code & Country

32340

US

Mailing Address

Address

201 EAST MARION ST.

Suite, Apt. #, etc.

City, State

MADISON

FL

Zip Code & Country

32340

US

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

HAMES

DEENA

-or- RA Business Name

Address

201 E. MARION STREET

Suite, Apt. #, etc.

City, State

MADISON

FL

Zip Code & Country

32340

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature Deena Hames



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Business Entity Name

MADISON COUNTY HEALTH SERVICE, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title VC
Name (Last, First, Middle, Title) STANLEY JIM
-or- Entity Name
Street Address 505 E OAK ST
City, State MADISON FL
Zip Code & Country 32340

Title D
Name (Last, First, Middle, Title) BELL MARIE
-or- Entity Name
Street Address 1308 BROOKWOOD RD.
City, State MADISON FL
Zip Code & Country 32340

Title C
Name (Last, First, Middle, Title) MOORE CHARLIE
-or- Entity Name
Street Address 7379 LOVETT RD.
City, State GREENVILLE FL
Zip Code & Country 32331

Title D
Name (Last, First, Middle, Title) STONE TOM
-or- Entity Name
Street Address P O BOX 292

*Call a number
24010802*City, State Zip Code & Country *Doc# 73 9668*Title Name (Last, First, Middle, Title) -or- Entity Name Street Address City, State Zip Code & Country Title Name (Last, First, Middle, Title) -or- Entity Name Street Address City, State Zip Code & Country *Page, Book
Added (would not
print)*☒ List more than six Officers/Directors ☐ No additional Officers/Directors to list

An individual named above must type their name in the
'Officer/Director Signature' block below. A corporate name is not
allowed in this block.

Title Officer/Director Signature [Sunbiz Home Page](#)[Public Access Help](#)