2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Name	MENT # 739668 COUNTY HEALTH SERVI	CE, INC.				2-16-2004 9	•		
Principal Place 201 EAST M/ MADISON, FL	ARION ST.	Mailing Address 201 EAST MARION ST. MADISON, FL 32340	us		(111 11 11111 III	2 1 (11) 11 (11) 11	4010	862 M. W. H	
2. Principal Pl	lace of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01052004	Chg-NP	CR2E03	7 (10/03)	
City & State	9	City & State			4. FEI Number 59-17443	50			plied For it Applicable
Zip	Country	Zip	Country		5. Certificate of	Status Desired		8.75 Add ee Required	
	6. Name and Address of Current R	legistered Agent	Name		7. Name and Ad	idress of New I	Registered A	gent	
201 E. MA	EENA RION STREET , FL 32340	ر بود را دامینی اینتهادولیات		ddress (F	2.0. Box Number i	s Not Acceptabl	le)		
			City			_	FL	Zip Code	a
	named entity submits this statement for ions of registered agent. Output Signature, typed or printed name of registered agent ar	amer_							· !
		to me a compression, tro-	E: Registered Agent signs	ture required	when reinstating)		DATE		<u></u>
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Car	mpaign Financing Contribution.		\$5.00 May Be Added to Fees		Make check rida Depart		
10.	Due by May 1, 2004 OFFICERS AND DIR	9. Election Car Trust Fund (mpaign Financing		\$5.00 May Be	Flo	Make check rida Depart	ment of St	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2004	9. Election Car Trust Fund (mpaign Financing Contribution.	D 570 P. C	\$5.00 May Be Added to Fees DDITIONS/CHAN	GES TO OFFICE	Make check rida Depart ERS AND DIR	ment of St	tate
TITLE NAME STREET ADDRESS	OFFICERS AND DIRI VC STANLEY, JIM 505 E OAK ST	9. Election Car Trust Fund (mpaign Financing Contribution. 11. TITLE NAME STREET ADDRESS	D 570 P. U MX D Sm 201	\$5.00 May Be Added to Fees DDITIONS/CHAN	GES TO OFFICE A BERT ANGE S	Make check rida Depart ERS AND DIF	ment of SI	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2004 OFFICERS AND DIRI VC STANLEY, JIM 505 E OAK ST MADISON, FL 32340 D BELL, MARIE 1308 BROOKWOOD RD. MADISON, FL 32340 D MOORE, CHARLIE	9. Election Car Trust Fund (ECTORS	mpaign Financing Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D 570 P.U D SM 207 M.K Chr. M.O 137	\$5.00 May Be Added to Fees DDITIONS/CHAN ONE, TOM OBOX 29 Ad ISON, ITH, ROLL IN ORM	GES TO OFFICE A BERT ANGE S FI. 3 ARLIE T Rd	Make check rida Depart ERS AND DIF 2340 7.	ECTORS IN	10
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Due by May 1, 2004 OFFICERS AND DIRI VC STANLEY, JIM 505 E OAK ST MADISON, FL 32340 D BELL, MARIE 1308 BROOKWOOD RD. MADISON, FL 32340 D MOORE, CHARLIE RT. 3 BOX 92	9. Election Car Trust Fund (ECTORS Delete	mpaign Financing Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D STO PL D SM 201 MM Chr Mo 137 GR	\$5.00 May Be Added to Fees DDITIONS/CHAN ONE, TOM OBOX 29 Ad ISON, ITH, ROM IN ORM ORE, CA TO LOVET	GES TO OFFICE TO ARLIE TO REST ARLIE TO REST ARLIE TO REST ARLIE TO REST ARRIE TO RE	Make check rida Depart ERS AND DIF 2340 7.	ment of SI ECTORS IN Change Change	10 Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2004 OFFICERS AND DIRI VC STANLEY, JIM 505 E OAK ST MADISON, FL 32340 D BELL, MARIE 1308 BROOKWOOD RD. MADISON, FL 32340 D MOORE, CHARLIE RT. 3 BOX 92 GREENVILLE, FL 32331 D DEMOTSIS, LOUIS US 90 E	9. Election Car Trust Fund (ECTORS Delete	mpaign Financing Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D STO PL D SM 201 MM Chr Mo 137 GR	\$5.00 May Be Added to Fees DDITIONS/CHAN NO. TON OBOX 29 Ad ISON, ITH, ROL AD ISON, DIEMAN ORE, CA TON TON ORE, CA TON TON ORE, CA TON TON TON TON TON TON TON TO	GES TO OFFICE TO ARLIE TO REST ARLIE TO REST ARLIE TO REST ARLIE TO REST ARRIE TO RE	Make check rida Depart RS AND DIFF	ment of SI ECTORS IN Change Change	10 Addition

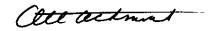
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-04

(850) 973-3371 Daytime Phone #





Cite actions JUDIONA Division of Corporations

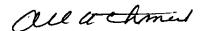
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	Document Number 739668
	Business Entity Name
MADISON C	OUNTY HEALTH SERVICE, INC.
FEI Number	591744350
FEI Number Status	C Applied For C Not Applicable Current
Certificate of Status Des	sired O Yes No \$8.75 each
Pri	ncipal Place of Business
Address	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 Ar	nd Address of Registered Agent
Name (Last, First, Middle, Title)	
-or- RA Business Name	77
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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Page 2 **Document Number** 739668 **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, Tit	e) 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, Tit	e) BELL	MARIE	AND ADDRESS OF THE PARTY OF THE
-or- Entity Name			
Street Address	1308 BROOKWOOD) RD.	
City, State	MADISON	, FL	
Zip Code & Country	32340		
imp code to country	102010		
Title	C		
	<u>C</u>	CHARLIE	
Title	<u>C</u>	CHARLIE	
Title Name (Last, First, Middle, Tit	<u>C</u>	CHARLIE	
Title Name (Last, First, Middle, Tit -or- Entity Name	C MOORE	CHARLIE	
Title Name (Last, First, Middle, Tit -or- Entity Name Street Address	C MOORE 7379 LOVETT RD.		
Title Name (Last, First, Middle, Tit -or- Entity Name Street Address City, State	C MOORE 7379 LOVETT RD. GREENVILLE 32331	J, FL	
Title Name (Last, First, Middle, Tit -or- Entity Name Street Address City, State Zip Code & Country	C MOORE 7379 LOVETT RD. GREENVILLE 32331		
Title Name (Last, First, Middle, Tit -or- Entity Name Street Address City, State Zip Code & Country Title	C MOORE 7379 LOVETT RD. GREENVILLE 32331	J, FL	

Division of Corporations	acea atmic	Page 2 of 2
«	MADISON , FL	Dor#13 9668
Title Name (Last, First, Middle, Title) -or- Entity Name Street Address City, State Zip Code & Country	SMITH ROBERT M 204 NORTH ORANGE ST MADISON 32340	
Title Name (Last, First, Middle, Title) -or- Entity Name Street Address City, State Zip Code & Country	ALSTON KELLEY H RT. 4 BOX 1870 MADISON , FL 32340	Pugh's ded print
An individual named a 'Officer/Director Signa allowed in this block. Title	above must type their name in the ature' block below. A corporate name is not C C C C C C C C C C C C C	

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