

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90040 050 ****61.25

40015851



01072005 Chg-NP CR2E037 (10/03)

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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent HAMES, DEENA 201 E. MARION STREET MADISON, FL 32340				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;"> SIGNATURE: <u>DEENA HAMES</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: right;"> <u>1-10-05</u> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 VC NAME STANLEY, JIM STREET ADDRESS 505 E OAK ST CITY-ST-ZIP MADISON, FL 32340	<input checked="" type="checkbox"/> Delete		TITLE CHAIR. NAME DR. Bobby Pugh STREET ADDRESS 1458 N.E. Post Rd. CITY-ST-ZIP MADISON, FL 32340	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME BELL, MARIE STREET ADDRESS 1308 BROOKWOOD RD. CITY-ST-ZIP MADISON, FL 32340	<input checked="" type="checkbox"/> Delete		TITLE D NAME OSCAR BRENNAN STREET ADDRESS P.O. Box 266 CITY-ST-ZIP GREENVILLE, FL 32331	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE C NAME MOORE, CHARLIE STREET ADDRESS 7379 LOVETT RD CITY-ST-ZIP GREENVILLE, FL 32331	<input checked="" type="checkbox"/> Delete		TITLE D NAME MS. SHIRLEY JOSEPH STREET ADDRESS 111 S.E. TOMPKINS AVE. CITY-ST-ZIP MADISON, FL 32340	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME STONE, TOM STREET ADDRESS P.O. BOX 292 CITY-ST-ZIP MADISON, FL 32340	<input type="checkbox"/> Delete		TITLE D NAME MRS. FAYE TODD STREET ADDRESS P.O. BOX 914 CITY-ST-ZIP MADISON, FL 32341	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME SMITH, ROBERT STREET ADDRESS 204 N. ORANGE ST. CITY-ST-ZIP MADISON, FL 32340	<input type="checkbox"/> Delete		TITLE D NAME MRS. SHIRLEY BARFIELD STREET ADDRESS 1245 JEANETTE CIR. CITY-ST-ZIP MADISON, FL 32340	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME ALSTON, KELLEY H STREET ADDRESS RT. 4 BOX 1870 CITY-ST-ZIP MADISON, FL 32340	<input checked="" type="checkbox"/> Delete		TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Bob Pugh</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR</small>			<u>1-7-05</u> <small>Date</small>		

ATTACHMENT
40015851
Division of Corporations
Annual Report

The following is a review of the changes you are making for the filing of your Annual Report. Please verify the information for accuracy before submitting the document. Should you have additional corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again.

Document Number	739668
Business Entity Name	MADISON COUNTY HEALTH SERVICE, INC.
FEI Number	591744350
FEI Number Status	Current
Certificate of Status Desired	No
Election Campaign Financing Trust Fund Contribution	No

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
Address	201 E. MARION STREET
Suite, Apt. #, etc.	
City, State	MADISON, FL
Zip Code & Country	32340 US
Registered Agent Signature	

Officer/Director Name And Address

Title	C
Name (Last, First, Middle, Title)	PUGH, BOBBY, D
Street Address	1458 NORTHEAST POST RD
City, State	MADISON, FL
Zip Code & Country	32340
Title	D

Name (Last, First, Middle, Title) STONE, THOMAS , E
Street Address P. O. BOX 292
City, State MADISON, FL
Zip Code & Country 32341
Title D

Name (Last, First, Middle, Title) BRENNAN, OSCAR
Street Address P. O. BOX 266
City, State GREENVILLE, FL
Zip Code & Country 32331
Title D

Name (Last, First, Middle, Title) JOSEPH, SHIRLEY , D
Street Address 111 SOUTHEAST TOMPKINS AVE.
City, State MADISON, FL
Zip Code & Country 32340
Title D

Name (Last, First, Middle, Title) SMITH, ROBERT
Street Address 204 N. ORANGE ST.
City, State MADISON, FL
Zip Code & Country 32340
Title D

Name (Last, First, Middle, Title) TODD, FAYE , S
Street Address P. O. BOX 914
City, State MADISON, FL
Zip Code & Country 32341
Title CFO

Officer/Director Signature DEENA HAMES

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739668

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