

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739668

FILED  
Feb 04, 2009  
Secretary of State

**Entity Name:** MADISON COUNTY HEALTH SERVICE, INC.

**Current Principal Place of Business:**

309 NORTH EAST MARION ST.  
MADISON, FL 32340 US

**New Principal Place of Business:**

**Current Mailing Address:**

309 NORTH EAST MARION ST.  
MADISON, FL 32340 US

**New Mailing Address:**

**FEI Number:** 59-1744350

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVIS, JIM  
309 NORTH EAST MARION STREET  
MADISON, FL 32340 US

**Name and Address of New Registered Agent:**

HALFHILL, PATRICK  
309 NORTH EAST MARION STREET  
MADISON, FL 32340 US

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: PATRICK HALFHILL

02/04/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: JOSEPH, SHIRLEY DIR  
Address: 111 S.E. THOMPkins AVE.  
City-St-Zip: MADISON, FL 32340

Title: D ( ) Delete  
Name: BRENNAN, OSCAR  
Address: P.O. BOX 266  
City-St-Zip: GREENVILLE, FL 32331

Title: VC ( ) Delete  
Name: PHILLIPS, HOWARD DIR  
Address: P. O. BOX 834  
City-St-Zip: MADISON, FL 32340

Title: C ( ) Delete  
Name: SALE, JAMES CHAIR  
Address: P.O. BOX 732  
City-St-Zip: MADISON, FL 32341

Title: D ( ) Delete  
Name: FOUST, MARGIE DIR  
Address: 3690 NORTH STATE RD 53  
City-St-Zip: MADISON, FL 32340

Title: DIR ( ) Delete  
Name: TODD, FAYE  
Address: P.O. BOX 914  
City-St-Zip: MADISON, FL 32341

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VC (X) Change ( ) Addition  
Name: BRADLEY, OLIVER REV.  
Address: 6266 NW LOVETT RD.  
City-St-Zip: GREENVILLE, FL 32331

Title: C (X) Change ( ) Addition  
Name: PHILLIPS, HOWARD CHAIR  
Address: P. O. BOX 834  
City-St-Zip: MADISON, FL 32340

Title: D (X) Change ( ) Addition  
Name: SALE, JAMES DIR  
Address: P.O. BOX 732  
City-St-Zip: MADISON, FL 32341

Title: D (X) Change ( ) Addition  
Name: FOUST-MCLEOD, MARGIE DIR  
Address: 3690 NORTH STATE RD 53  
City-St-Zip: MADISON, FL 32340

Title: DIR (X) Change ( ) Addition  
Name: HARRIS, BEN  
Address: 5340 S. SR 53  
City-St-Zip: MADISON, FL 32340

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK HALFHILL

CFO

02/04/2009

Electronic Signature of Signing Officer or Director

Date