

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAR 10 PM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 767866 (7)
1. Corporation Name
MADISON COUNTY HOSPITAL HEALTH SYSTEMS, INC.

Principal Place of Business Mailing Address
**201 N.E. MARION STREET
MADISON FL 32340-2525** **201 N.E. MARION STREET
MADISON FL 32340-2525**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/07/1983** 3a. Date of Last Report **03/03/1994**
4. FEI Number **59-2319288** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWNING, EDWIN B., JR.
214 1/2 SOUTH RANGE ST
MADISON FL 32340**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FEBBER, JOSE (Resigned)
STREET ADDRESS	211 W. BASE ST.
CITY-ST-ZIP	MADISON FL 32340
TITLE	D
NAME	BIBB, W. JOHNSON DR.
STREET ADDRESS	304 N HANCOCK ST
CITY-ST-ZIP	MADISON FL
TITLE	STD
NAME	FOUST, MARGARET S.
STREET ADDRESS	RT. 4 BOX 1229
CITY-ST-ZIP	MADISON FL
TITLE	V
NAME	WARREN, ROSETTA
STREET ADDRESS	601 S.W. SINCLAIR ST.
CITY-ST-ZIP	MADISON FL
TITLE	P
NAME	BRIGGS, GENE
STREET ADDRESS	504 N. RANGE STREET
CITY-ST-ZIP	MADISON FL
TITLE	D
NAME	MORGAN, ROY D. (Term up)
STREET ADDRESS	RT. 1 BOX 488
CITY-ST-ZIP	MADISON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Louis J. DeMotsis	
1.3 STREET ADDRESS	U.S. 90 East	
1.4 CITY-ST-ZIP	Lee, Florida 32059-0206	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Elستا Pritchett	
2.3 STREET ADDRESS	110 Western Avenue	
2.4 CITY-ST-ZIP	Greenville, Florida 32331	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Eugene E. Buegg*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OFFICER OR DIRECTOR

Date: **Feb. 14, 1995** 904-973-2312
Date Daytime Phone #