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Jun 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/07/1983	02/07/1996
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For
23. City & State		28. City & State		59-2319288	Not Applicable
24. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
BROWNING, EDWIN B., JR.
214 1/2 SOUTH RANGE ST
MADISON FL 32340

10. Name and Address of New Registered Agent
81 Name: Jeffrey S. Howell
82 Street Address (P.O. Box Number is Not Acceptable): 1425 East Piedmont Drive, Suite 201
83
84 City: Tallahassee, FL 85 Zip Code: 32317

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
SIGNATURE: [Signature] DATE: 3/13/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DEMOTSIS, LOUIS J.	
STREET ADDRESS	US 90 EAST	
CITY-ST-ZIP	LEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BIBB, W. JOHNSON DR.	
STREET ADDRESS	304 N HANCOCK ST	
CITY-ST-ZIP	MADISON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOUST, MARGARET S.	
STREET ADDRESS	RT. 4 BOX 1229	
CITY-ST-ZIP	MADISON FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WARREN, ROSETTA	
STREET ADDRESS	601 S.W. SINCLAIR ST.	
CITY-ST-ZIP	MADISON FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BRIGGS, GENE	
STREET ADDRESS	504 N. RANGE STREET	
CITY-ST-ZIP	MADISON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRITCHETT, ELESTA	
STREET ADDRESS	110 WESTERN AVE	
CITY-ST-ZIP	GREENVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Terri Rykard	
1.3 STREET ADDRESS	201 E. Livingston St.	
1.4 CITY-ST-ZIP	Madison, Fla. 32340	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Foust, Margaret	
3.3 STREET ADDRESS	Rt. 4 Box 1229	
3.4 CITY-ST-ZIP	Madison, FL. 32340	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Charlie Moore	
4.3 STREET ADDRESS	Rt. 3 Box 92	
4.4 CITY-ST-ZIP	Greenville, FL. 32331	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: [Signature] DATE: 11/20/97

CR2E037 (9/96)