## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 17, 2001 8:00 am § Secretary of State DOCUMENT # 767866 05-17-2001 90371 015 \*\*\*\*61 25 MADISON COUNTY HOSPITAL HEALTH SYSTEMS, INC. Principal Place of Business Mailing Address MADISON COUNTY HOSPITAL HEALTH SERVICES 201 N.E. MARION STREET 201 N.E. MARION STREET MADISON FL 32340 MADISON FL 32340 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2319288 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) HAMES, DEENA 201 E. MARION STREET MADISON FL 32340 City Zip Code 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. **SIGNATURE** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Ozburn, Thomas Rt. 230x 1286 D ☐ Change Addition Delete TITLE DEMOTSIS, LOUIS J. NAME NAME US 90 EAST madison, FL. 32340 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEE FL Delete HICKMAN, JESSIE NAME **1816 PINE LANE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MADISON FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STANLEY, JIM NAME NAME STREET ADDRESS 505 E. OAK STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MADISON FL 32340 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MARIE, BELL NAME NAME STREET ADDRESS 1308 BROOKWOOD RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MADISON FL TITLE ☐ Delete TITI F ☐ Change Addition MOORE, CHARLIE NAME NAME STREET ADDRESS RT 2 BOX 92 STREET ADDRESS CITY-ST-ZIP **GREENVILLE FL 32331** CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITI F ☐ Addition NAME PRITCHETT, ELESTA NAME

12. Thereby 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

110 WESTERN AVE

**GREENVILLE FL 32340** 

STREET ADDRESS

5-8-01

FILED

## **Madison County Memorial Hospital**

## Purchase Order

201 East Marion Street • Madison, Florida 32340-2525 850-973-2271 • Fax 850-973-8396 FL Tax Exempt #50-05-002301-53C

Show this Purchase Order Number on all correspondence, invoices, shipping papers, and packages.

3562 NE

To:

Division of Corporations
P.O. Box 1500
Tallahassee FL. 32302.1500

201 E. Marion St

REQUISITION NO.

REQUISITIONED BY	DEPARTMENT	WHEN SHIP	SHIP VIA	TERMS
F. Brinson	Adm.			

QTY. ORDERED	QTY. RECEIVED	STOCK NO. / DESCRIPTION	UNIT PRICE		TOTAL	
	2	2001 Uniform Business	61	25		
		Report (UBR)	61	25		
		For Brd. Directors				
		Please cut 2 checks Each check should be (# 61.25)	>			
		Each check should be	>			
		/ H 61.25>				
40-1-1						
					·	
	The second secon		ТО	TAL	122	50

copies of your invoice.

2. Order is to be entered in accordance with prices, delivery, and specifications shown above.

3. Notify us immediately if you are unable to ship as specified,