


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90040 049 ****61.25

DOCUMENT # 767866

1. Entity Name
MADISON COUNTY HOSPITAL HEALTH SYSTEMS, INC.



Principal Place of Business
**201 EAST MARION STREET
 MADISON, FL 32340 US**

Mailing Address
**201 EAST MARION STREET
 MADISON, FL 32340 US**



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01072005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2319288


Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 FL 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. I am familiar with, and accept the obligations of registered agent.

DEENA HAMES  **1-10-05**

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


Filing Fee is **\$61.25**
 Due by **May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$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 D	STONE, TOM PO BOX 292 MADISON, FL 32340	TITLE CHAIR.	DR. BOBBY PUGH 1458 N. E. POST RD. MADISON, FL 32340
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VC	STANLEY, JIM 505 E. OAK STREET MADISON, FL 32340	TITLE D	OSCAR BRENNAN P.O. BOX 266 GREENVILLE, FL 32331
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D	ALEXENDER, MARIE BELL 1308 BROOKWOOD RD MADISON, FL 32340	TITLE D	MS. SHIRLEY JOSEPH 111 S.E. TOMPKINS AVE. MADISON, FL 32340
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE C	MOORE, CHARLIE RT 2 BOX 92 GREENVILLE, FL 32331	TITLE D	MRS. FAYE TODD P.O. BOX 914 MADISON, FL 32341
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D	SMITH, ROBERT 204 N. ORANGE ST. MADISON, FL 32340	TITLE D	MRS. SHIRLEY BARFIELD 1245 JEANNETTE CIR. MADISON, FL 32340
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D	ALSTON, KELLEY H RT. 4 BOX 18700 MADISON, FL 32340	TITLE	
<input checked="" type="checkbox"/> Delete		<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 file 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, without other like empowerment.

SIGNATURE  **1-7-05**

Signature, typed or printed name of signing officer or director Date Daytime Phone #

Bob Pugh

40015852

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	767866
Business Entity Name	MADISON COUNTY HOSPITAL HEALTH SYSTEMS, INC.
FEI Number	592319288
FEI Number Status	Current
Certificate of Status Desired	No
Election Campaign Financing Trust Fund Contribution	No

Principal Place of Business

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

Mailing Address

Address 201EAST MARION STREET
 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 D
 Name (Last, First, Middle, Title) STONE, TOM
 Street Address PO BOX 292
 City, State MADISON, FL

40015852
767866

Zip Code & Country 32340
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) BRENNAN, OSCAR , A
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 SOUTH EAST 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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