

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767866

FILED
Jan 03, 2007
Secretary of State

Entity Name: MADISON COUNTY HOSPITAL HEALTH SYSTEMS, INC.

Current Principal Place of Business:

309 NORTH EAST MARION STREET
MADISON, FL 32340 US

New Principal Place of Business:

Current Mailing Address:

309 NORTH EAST MARION STREET
MADISON, FL 32340 US

New Mailing Address:

FEI Number: 59-2319288 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMES, DEENA
309 NORTH EAST MARION STREET
MADISON, FL 32340 US

Name and Address of New Registered Agent:

MCGEE, 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 MCGEE 01/03/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STONE, TOM
Address: PO BOX 292
City-St-Zip: MADISON, FL 32340

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

Title: VC () Delete
Name: JOSEPH, SHIRLEY
Address: 111 SE TOMPKINS AVE
City-St-Zip: MADISON, FL 32340

Title: C () Delete
Name: TODD, FAYE
Address: PO BOX 914
City-St-Zip: MADISON, FL 32341

Title: D () Delete
Name: SMITH, ROBERT
Address: 204 N. ORANGE ST.
City-St-Zip: MADISON, FL 32340

Title: D () Delete
Name: BARFIELD, SHIRLEY
Address: 1245 JEANETTE CIR
City-St-Zip: MADISON, FL 32340

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VC (X) Change () Addition
Name: SALE, JAMES VC
Address: PO BOX 732
City-St-Zip: MADISON, FL 32341

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

Title: C (X) Change () Addition
Name: JOSEPH, SHIRLEY
Address: 111 SE TOMPKINS AVE
City-St-Zip: MADISON, FL 32340

Title: D (X) Change () Addition
Name: TODD, FAYE
Address: PO BOX 914
City-St-Zip: MADISON, FL 32341

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SHIRLEY JOSEPH C 01/03/2007

Electronic Signature of Signing Officer or Director Date