

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767866

FILED  
Feb 16, 2011  
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:**

HALFHILL, PATRICK CFO  
309 NORTH EAST MARION STREET  
MADISON, FL 32340 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DIR  
Name: SALE, JAMES DIR  
Address: PO BOX 732  
City-St-Zip: MADISON, FL 32341

Title: DIR  
Name: BRADLEY, OLIVER REV.  
Address: 6266 NW LOVETT RD.  
City-St-Zip: GREENVILLE, FL 32331

Title: DIR  
Name: JOSEPH, SHIRLEY DIR  
Address: 111 S.E. TOMPKINS AVENUE  
City-St-Zip: MADISON, FL 32340

Title: C  
Name: HARRIS, BEN CHAIR  
Address: 5340 S. SR 53  
City-St-Zip: MADISON, FL 32340

Title: DIR  
Name: PHILLIPS, HOWARD DIR  
Address: 204 N. ORANGE ST.  
City-St-Zip: MADISON, FL 32340

Title: VC  
Name: JOHNSON, ANNETTE VCHAIR  
Address: 4773 WEST US HWY. 90  
City-St-Zip: MADISON, FL 32340

I hereby 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 all other like empowered.

SIGNATURE: PATRICK HALFHILL

CFO

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date