

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90087 020 ****61.25

DOCUMENT # 767866

1. Entity Name

MADISON COUNTY HOSPITAL HEALTH SYSTEMS, INC.



90019477



CHECK HERE IF MAKING CHANGES

Principal Place of Business

Mailing Address

**201 EAST MARION STREET
MADISON FL 32340
US**

**201 EAST MARION STREET
MADISON FL 32340
US**

2. Principal Place of Business

201 EAST MARION ST.

3. Mailing Address

201 EAST MARION ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MADISON, FL.

City & State

MADISON, FL.

4. FEI Number **59-2319288**

Applied For

Not Applicable

Zip

32340

Country

U.S.

Zip

32340

Country

U.S.

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.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE	D	<input type="checkbox"/> Delete
NAME	DEMOTSIS, LOUIS J.	
STREET ADDRESS	US 90 EAST	
CITY-ST-ZIP	LEE FL	
TITLE	VC	<input type="checkbox"/> Delete
NAME	STANLEY, JIM	
STREET ADDRESS	505 E. OAK STREET	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARIE, BELL	
STREET ADDRESS	1308 BROOKWOOD RD	
CITY-ST-ZIP	MADISON FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	MOORE, CHARLIE	
STREET ADDRESS	RT 2 BOX 92	
CITY-ST-ZIP	GREENVILLE FL 32331	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PRITCHETT, ELESTA	
STREET ADDRESS	110 WESTERN AVE	
CITY-ST-ZIP	GREENVILLE FL 32340	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLEY, H. ALSTON	
STREET ADDRESS	RT. 4 BOX 1870	
CITY-ST-ZIP	MADISON, FL. 32340	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, ROBERT M.	
STREET ADDRESS	204 N. ORANGE ST.	
CITY-ST-ZIP	MADISON, FL. 32340	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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.

SIGNATURE: SIGNATURE REQUIRED

Charlie Moore, 01/15/03 3084

CR2E037 (10/02)