

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739668

FILED  
Jan 16, 2006  
Secretary of State

**Entity Name:** MADISON COUNTY HEALTH SERVICE, INC.

**Current Principal Place of Business:**

201 EAST MARION ST.  
MADISON, FL 32340 US

**New Principal Place of Business:**

309 NORTH EAST MARION ST.  
MADISON, FL 32340 US

**Current Mailing Address:**

201 EAST MARION ST.  
MADISON, FL 32340 US

**New Mailing Address:**

309 NORTH EAST MARION ST.  
MADISON, FL 32340 US

**FEI Number:** 59-1744350

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAMES, DEENA  
201 E. MARION STREET  
MADISON, FL 32340 US

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

HAMES, DEENA  
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: DEENA HAMES

01/16/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: PUGH, BOBBY DR  
Address: 1458 NORTHEAST POST ROAD  
City-St-Zip: MADISON, FL 32340

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

Title: D ( ) Delete  
Name: JOSEPH, SHIRLEY  
Address: 111 SOUTHEAST TOMPKINS AVENUE  
City-St-Zip: MADISON, FL 32340

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

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

Title: D ( ) Delete  
Name: TODD, FAVE  
Address: P.O. BOX 914  
City-St-Zip: MADISON, FL 32341

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: BARFIELD, SHIRLEY DR  
Address: 1245 JEANETTE CIRCLE  
City-St-Zip: MADISON, FL 32340

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

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

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

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

Title: CHAI (X) Change ( ) Addition  
Name: TODD, FAYE  
Address: P.O. BOX 914  
City-St-Zip: MADISON, FL 32341

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: DEENA HAMES

CFO

01/16/2006

Electronic Signature of Signing Officer or Director

Date