

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739668

Entity Name: MADISON COUNTY HEALTH SERVICE, INC.**Current Principal Place of Business:**224 NW CRANE AVE.
MADISON, FL 32340**Current Mailing Address:**224 NW CRANE AVE.
MADISON, FL 32340 US**FEI Number:** 59-1744350**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCGEE, PATRICK
224 NW CRANE AVE.
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

04/08/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name JOSEPH, SHIRLEY
Address 111 S.E. TOMPKINS AVE.
City-State-Zip: MADISON FL 32340

Title DIRECTOR
Name PHILLIPS, HOWARD
Address 204 N. ORANGE STREET
City-State-Zip: MADISON FL 32340

Title DIRECTOR
Name SALE, JAMES
Address P.O. BOX 732
City-State-Zip: MADISON FL 32341

Title CHAIRMAN
Name JOHNSON, ANNETTE
Address 4773 WEST US HWY. 90
City-State-Zip: MADISON FL 32340

Title SECRETARY
Name HARRIS, BEN
Address 5340 S. SR 53
City-State-Zip: MADISON FL 32340

Title VC
Name RICHARDSON, ROSA
Address 259 SE BAMBOO TRAIL
City-State-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: ANNETTE JOHNSON

CHAIR

04/08/2015

Electronic Signature of Signing Officer/Director Detail

Date