

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739668

FILED
Apr 14, 2014
Secretary of State
CC4269504276

Entity Name: MADISON COUNTY HEALTH SERVICE, INC.

Current Principal Place of Business:

309 NORTH EAST MARION ST.
MADISON, FL 32340

Current Mailing Address:

309 NORTH EAST MARION ST.
MADISON, FL 32340 US

FEI Number: 59-1744350

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HALFHILL, PATRICK CFO
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: _____

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 SECRETARY
Name BRADLEY, OLIVER
Address 6266 NW LOVETT RD.
City-State-Zip: GREENVILLE FL 32331

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

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

Title DIRECTOR
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

CHAIRMAN

04/14/2014

Electronic Signature of Signing Officer/Director Detail

Date