

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739668

**FILED  
Jan 19, 2018  
Secretary of State  
CC1525772922**

**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

01/19/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title BOARD CHAIR  
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 DIRECTOR  
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 SECRETARY  
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:** HOWARD PHILLIPS

**BOARD CHAIR**

01/19/2018

Electronic Signature of Signing Officer/Director Detail

Date