

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739668

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 REV.
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

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: JOHNSON , ANNETTE**CHAIRMAN****02/04/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date