

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 767866

**Entity Name:** MADISON COUNTY HOSPITAL HEALTH SYSTEMS, 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:** 59-2319288

**Certificate of Status Desired:** No

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

MCGEE, PATRICK CFO  
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

04/14/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

Title DIRECTOR  
Name JOHNSON, ANNETTE  
Address 4773 WEST US HWY. 90  
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:** SHIRLEY JOSEPH

CHAIRMAN

04/14/2016

Electronic Signature of Signing Officer/Director Detail

Date