

2023 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: Yes

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

03/27/2023

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

Title CHAIRMAN
Name HARRIS, BEN
Address 5340 S. SR 53
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

Title DIRECTOR
Name FICO, JUANITA
Address 248 NE COLLEGE TERRACE
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: BEN HARRIS

CHAIRMAN

03/27/2023

Electronic Signature of Signing Officer/Director Detail

Date