

2017 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

03/15/2017

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 D. JOSEPH

CHIRPERSON

03/15/2017

Electronic Signature of Signing Officer/Director Detail

Date