

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003933

Entity Name: GADSDEN HOSPITAL, INC.

Current Principal Place of Business:

9-B EAST JEFFERSON ST.
QUINCY, FL 32351

Current Mailing Address:

9-B EAST JEFFERSON ST.
QUINCY, FL 32351

FEI Number: 42-1537206

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THOMAS, NICHOLAS
10 EAST JEFFERSON ST.
QUINCY, FL 32351 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 BOARD MEMBER
Name MCMILLAN, S. CRAIG
Address P.O. BOX 1919
City-State-Zip: QUINCY FL 32353

Title CHAIRMAN
Name HERB, SHEHEANE
Address 1455 CANE CREEK RD
City-State-Zip: QUINCY FL 32351-7817

Title TREASURER
Name SUBER, JAMES
Address 2535 SHADY REST RD.
City-State-Zip: HAVANA FL 32333

Title SECRETARY
Name GRAHAM, ARRIANE
Address 395 FOXFIRE COURT
City-State-Zip: QUINCY FL 32351

Title BOARD MEMBER
Name WHITEHEAD, SCOTT
Address 6972 FL/GA HIGHWAY
City-State-Zip: HAVANA FL 32333

Title BOARD MEMBER
Name DUDLEY, FRED
Address P.O. BOX 10927
City-State-Zip: TALLAHASSEE FL 32302

Title BOARD MEMBER
Name PALMER, SAM
Address 1225 BERRY STREET
City-State-Zip: QUINCY FL 32351

Title VC
Name BATTLE, ARRIE M
Address P. O. BOX 1799
City-State-Zip: QUINCY FL 32351

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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: HERB SHEHEANE

CHAIRMAN

03/26/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title BOARD MEMBER
Name HERCULE, HANTZ DR.
Address 3029 PASTURE WOOD LANE
City-State-Zip: TALLAHASSEE FL 32309