2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2006
Secretary of State

DOCUMENT# 739668

Entity Name: MADISON COUNTY HEALTH SERVICE, INC.

Current Principal Place of Business:

201 EAST MARION ST.
MADISON, FL 32340 US

New Principal Place of Business:

309 NORTH EAST MARION ST.
MADISON, FL 32340 US

Current Mailing Address:

201 EAST MARION ST.
MADISON, FL 32340 US

New Mailing Address:

309 NORTH EAST MARION ST.
MADISON, FL 32340 US

FEI Number: 59-1744350 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAMES, DEENA
201 E. MARION STREET
MADISON, FL 32340 US

Name and Address of New Registered Agent:

HAMES, DEENA
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: DEENA HAMES 01/16/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: PUGH, BOBBY DR
Address: 1458 NORTHEAST POST ROAD
City-St-Zip: MADISON, FL 32340

Title: D ( ) Delete
Name: BRENNAN, OSCAR
Address: P.O. BOX 266
City-St-Zip: GREENVILLE, FL 32331

Title: D ( ) Delete
Name: JOSEPH, SHIRLEY
Address: 111 SOUTHEAST TOMPKINS AVENUE
City-St-Zip: MADISON, FL 32340

Title: D ( ) Delete
Name: STONE, TOM
Address: P.O. BOX 292
City-St-Zip: MADISON, FL 32340

Title: D ( ) Delete
Name: SMITH, ROBERT
Address: 204 N. ORANGE ST.
City-St-Zip: MADISON, FL 32340

Title: D ( ) Delete
Name: TODD, FAVE
Address: P.O. BOX 914
City-St-Zip: MADISON, FL 32341

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BARFIELD, SHIRLEY DR
Address: 1245 JEANETTE CIRCLE
City-St-Zip: MADISON, FL 32340

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: CHAI (X) Change ( ) Addition
Name: TODD, FAYE
Address: P.O. BOX 914
City-St-Zip: MADISON, FL 32341

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DEENA HAMES CFO 01/16/2006
Electronic Signature of Signing Officer or Director — Date