

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739668

FILED
Jan 21, 2010
Secretary of State

Entity Name: MADISON COUNTY HEALTH SERVICE, INC.

Current Principal Place of Business:

309 NORTH EAST MARION ST.
MADISON, FL 32340 US

New Principal Place of Business:

Current Mailing Address:

309 NORTH EAST MARION ST.
MADISON, FL 32340 US

New Mailing Address:

FEI Number: 59-1744350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALFHILL, PATRICK
309 NORTH EAST MARION STREET
MADISON, FL 32340 US

Name and Address of New Registered Agent:

HALFHILL, PATRICK CFO
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: PATRICK HALFHILL

01/21/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIR
Name: JOSEPH, SHIRLEY DIR
Address: 111 S.E. TOMPKINS AVE.
City-St-Zip: MADISON, FL 32340

Title: DIR
Name: BRADLEY, OLIVER REV.
Address: 6266 NW LOVETT RD.
City-St-Zip: GREENVILLE, FL 32331

Title: C
Name: PHILLIPS, HOWARD CHAIR
Address: 204 N. ORANGE STREET
City-St-Zip: MADISON, FL 32340

Title: DIR
Name: SALE, JAMES DIR
Address: P.O. BOX 732
City-St-Zip: MADISON, FL 32341

Title: DIR
Name: FOUST-MCLEOD, MARGIE DIR
Address: 3690 NORTH STATE RD 53
City-St-Zip: MADISON, FL 32340

Title: VC
Name: HARRIS, BEN VC
Address: 5340 S. SR 53
City-St-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: PATRICK HALFHILL

CFO

01/21/2010

Electronic Signature of Signing Officer or Director

Date