

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767866

FILED
Mar 11, 2008
Secretary of State

Entity Name: MADISON COUNTY HOSPITAL HEALTH SYSTEMS, INC.

Current Principal Place of Business:

309 NORTH EAST MARION STREET
MADISON, FL 32340 US

New Principal Place of Business:

Current Mailing Address:

309 NORTH EAST MARION STREET
MADISON, FL 32340 US

New Mailing Address:

FEI Number: 59-2319288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MC GEE, PATRICK
309 NORTH EAST MARION STREET
MADISON, FL 32340 US

Name and Address of New Registered Agent:

DAVIS, JIM
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: JIM DAVIS, CFO

03/11/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VC () Delete
Name: SALE, JAMES VC
Address: PO BOX 732
City-St-Zip: MADISON, FL 32341

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

Title: C () Delete
Name: JOSEPH, SHIRLEY
Address: 111 SE TOMPKINS AVE
City-St-Zip: MADISON, FL 32340

Title: D () Delete
Name: TODD, FAYE
Address: PO BOX 914
City-St-Zip: MADISON, FL 32341

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

Title: D () Delete
Name: BARFIELD, SHIRLEY
Address: 1245 JEANETTE CIR
City-St-Zip: MADISON, FL 32340

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: SALE, JAMES C
Address: PO BOX 732
City-St-Zip: MADISON, FL 32341

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

Title: D (X) Change () Addition
Name: JOSEPH, SHIRLEY
Address: P. O. BOX 834
City-St-Zip: MADISON, FL 32341

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

Title: VC (X) Change () Addition
Name: PHILLIPS, HOWARD
Address: 204 N. ORANGE ST.
City-St-Zip: MADISON, FL 32340

Title: D (X) Change () Addition
Name: FOUST, MARGIE
Address: 3690 NORTH STATE RD 53
City-St-Zip: MADISON, FL 32340

I hereby certify that the information supplied with this filing does not qualify 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: JIM DAVIS

CFO

03/11/2008

Electronic Signature of Signing Officer or Director

Date