

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767866

FILED
Feb 16, 2011
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:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

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

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

Title: C
Name: HARRIS, BEN CHAIR
Address: 5340 S. SR 53
City-St-Zip: MADISON, FL 32340

Title: DIR
Name: PHILLIPS, HOWARD DIR
Address: 204 N. ORANGE ST.
City-St-Zip: MADISON, FL 32340

Title: VC
Name: JOHNSON, ANNETTE VCHAIR
Address: 4773 WEST US HWY. 90
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

02/16/2011

Electronic Signature of Signing Officer or Director

Date