

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90038 015 ****70.00

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1. Entity Name
ARCHBOLD HEALTH SERVICES, INC.



Principal Place of Business
**400 OLD ALBANY RD
THOMASVILLE, GA 31792**

Mailing Address
**P.O. BOX 620
THOMASVILLE, GA 31799**

40019206



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
58-1376434

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRUBBS, JANA H
555 N. JEFFERSON ST.
MONTICELLO, FL 32344**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TC
BICKNELL, WENDY
910 S. BROAD STREET
THOMASVILLE, GA 31792** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TC
Jefferson, Robert JR
1211 Evergreen St
Thomasville, Ga 31792** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TVC
JEFFERSON, ROBERT JR
1211 EVERGREEN ST
THOMASVILLE, GA 31792** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TVC
Boykins- Everett, Sabrina
915 E. Jackson St
Thomasville, Ga 31792** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TST
REAMS, CALVIN
951 S. BROAD STREET
THOMASVILLE, GA 31792** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TST
Kirkham, Gates
P.O. Box 1248, 910 S. Broad St.
Thomasville, Ga 31792** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TP
BEVERLY, KEN B
910 S. BROAD STREET
THOMASVILLE, GA 31792** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TAS
SELLERS, J. WILLIAM JR
910 S. BROAD STREET
THOMASVILLE, GA 31792** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TVP
CAMPBELL, WILLIAM C
400 OLD ALBANY RD
THOMASVILLE, GA 31792** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William C. Campbell

William C. Campbell

2-6-07

229.229-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #