

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000334

FILED  
Jan 06, 2010  
Secretary of State

Entity Name: ARCHBOLD HEALTH SERVICES, INC.

**Current Principal Place of Business:**

400 OLD ALBANY RD  
THOMASVILLE, GA 31792

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 620  
THOMASVILLE, GA 31799

**New Mailing Address:**

FEI Number: 58-1376434      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GRUBBS, JANA H  
555 N. JEFFERSON ST.  
MONTICELLO, FL 32344      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: TC  
Name: JEFFERSON, ROBERT JR  
Address: 1211 EVERGREEN ST.  
City-St-Zip: THOMASVILLE, GA 31792

Title: TST  
Name: MCMILLAN, VICTOR DR  
Address: 119 W. HILL ST  
City-St-Zip: THOMASVILLE, GA 31792

Title: TVC  
Name: KIRKHAM, GATES  
Address: 910 S. BORAD ST  
City-St-Zip: THOMASVILLE, GA 31792

Title: D  
Name: BRUHN, MELISSA  
Address: 918 S. BROAD ST  
City-St-Zip: THOMASVILLE, GA 31792

Title: D  
Name: TILLMAN, STEPHANIE  
Address: 1919 FLOWERS CIRCLE  
City-St-Zip: THOMASVILLE, GA 31792

Title: P  
Name: CAMPBELL, WILLIAM C  
Address: 400 OLD ALBANY RD  
City-St-Zip: THOMASVILLE, GA 31792

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: W. CLAY CAMPBELL

PRES

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date