

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000334

FILED
Jan 11, 2011
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: KIRKHAM, GATES
Address: P.O. BOX 1248
City-St-Zip: THOMASVILLE, GA 31799

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

Title: TVC
Name: MCMILLAN, VICTOR DR.
Address: 119 W. HILL STREET
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: BICKNELL, WENDY
Address: P.O. BOX 1248
City-St-Zip: THOMASVILLE, GA 31799

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

P

01/11/2011

Electronic Signature of Signing Officer or Director

Date