

# 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