

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003933

FILED
Feb 22, 2006
Secretary of State

Entity Name: GADSDEN HOSPITAL, INC.

Current Principal Place of Business:

23186 BLUE STAR HWY.
QUINCY, FL 32351

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1799
9B EAST JEFFERSON ST.
QUINCY, FL 32353

New Mailing Address:

FEI Number: 42-1537206 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, MARLON
23186 BLUE STAR HWY.
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

BROWN, MARLON
P.O. BOX 1799
9B EAST JEFFERSON ST.
QUINCY, FL 32353 US

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: MARLON BROWN

02/22/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: MCMILLAN, S. CRAIG
Address: P.O. BOX 1919
City-St-Zip: QUINCY, FL 32353

Title: D () Delete
Name: FURLOW, JESSIE
Address: 810 SELMAN RD.
City-St-Zip: QUINCY, FL 32351

Title: D () Delete
Name: SUBER, JAMES
Address: 2535 SHADY REST RD.
City-St-Zip: HAVANA, FL 32333

Title: D () Delete
Name: WYNN, JERRY
Address: 21 WEST MARION ST.
City-St-Zip: CHATTAHOOCHEE, FL 32324

Title: SD () Delete
Name: MARSHALL, DARRYL
Address: 118 DEERWOOD RD.
City-St-Zip: QUINCY, FL 32352

Title: D (X) Delete
Name: KENT, CHARLES
Address: 178 LASALLE LEFALL DRIVE
City-St-Zip: QUINCY, FL 32351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MARSHALL, DARRYL
Address: 118 DEERWOOD RD.
City-St-Zip: QUINCY, FL 32352

Title: D (X) Change () Addition
Name: KENT, CHARLES
Address: 178 LASALLE LEFALL DRIVE
City-St-Zip: QUINCY, FL 32351

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: S. CRAIG MCMILLAN

CD

02/22/2006

Electronic Signature of Signing Officer or Director

Date