

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003933

FILED  
Apr 07, 2009  
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:

23186 BLUE STAR HWY.  
QUINCY, FL 32351

## 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:

THOMAS, NICHOLAS  
10 EAST JEFFERSON ST.  
QUINCY, FL 32351 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: CD ( ) Delete  
Name: MCMILLAN, S. CRAIG  
Address: P.O. BOX 1919  
City-St-Zip: QUINCY, FL 32353

Title: D ( ) Delete  
Name: HERB, SHEHEANE  
Address: 1455 CANE CREEK RD  
City-St-Zip: QUINCY, FL 323517817

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

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

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change ( ) Addition  
Name: MCMILLAN, S. CRAIG  
Address: P.O. BOX 1919  
City-St-Zip: QUINCY, FL 32353

Title: DVC (X) Change ( ) Addition  
Name: HERB, SHEHEANE  
Address: 1455 CANE CREEK RD  
City-St-Zip: QUINCY, FL 323517817

Title: DTS (X) Change ( ) Addition  
Name: SUBER, JAMES  
Address: 2535 SHADY REST RD.  
City-St-Zip: HAVANA, FL 32333

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

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

Title: D ( ) Change (X) Addition  
Name: DUDLEY, FRED  
Address: P.O. BOX 10927  
City-St-Zip: TALLAHASSEE, FL 32302

I hereby certify that the information supplied with this filing does not qualify 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

C

04/07/2009

Electronic Signature of Signing Officer or Director

Date