


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90098 047 ****70.00

DOCUMENT # P38531 1. Entity Name THE HOUSTON COUNTY HEALTH CARE AUTHORITY, INC.					
Principal Place of Business P.O. DRAWER 6987 DOTHAN, AL 36302			Mailing Address P.O. DRAWER 6987 DOTHAN, AL 36302		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 63-6004476 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				02022006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent MELVIN, WADE MD 1376 BRICKYARD ROAD CHIPLEY, FL 32428			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CH GLOVER, WILLIAM 1108 ROSS CLARK CIRCLE DOTHAN, AL 36301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC WOMACK, BILLY 1108 ROSS CLARK CIRCLE DOTHAN, AL 36301	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, RUBEN 1108 ROSS CLARK CIRCLE DOTHAN, AL 36301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO OWEN, RONALD S 1108 ROSS CLARK CIRCLE DOTHAN, AL 36301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOWELL, CHESTER 1108 ROSS CLARK CIRCLE DOTHAN, AL 36301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MILLER, DEREK 1108 ROSS CLARK CIRCLE DOTHAN, AL 36301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC JOHN MC DANIEL 1108 ROSS CLARK CIRCLE DOTHAN, AL 36301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC JOHN MC DANIEL 1108 ROSS CLARK CIRCLE DOTHAN, AL 36301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.					
SIGNATURE: _____ CFO 2/23/06 334-793-885 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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