

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 22, 2007 8:00 am**  
**Secretary of State**

05-22-2007 90016 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

40117654



02282007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
63-6004476

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

MELVIN, WADE MD  
1376 BRICKYARD ROAD  
CHIPLEY, FL 32428

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE CH  
NAME GLOVER, WILLIAM  
STREET ADDRESS 1108 ROSS CLARK CIRCLE  
CITY-ST-ZIP DOTHAN, AL 36301

TITLE S  
NAME THOMAS, RUBEN  
STREET ADDRESS 1108 ROSS CLARK CIRCLE  
CITY-ST-ZIP DOTHAN, AL 36301

TITLE CEO  
NAME OWEN, RONALD S  
STREET ADDRESS 1108 ROSS CLARK CIRCLE  
CITY-ST-ZIP DOTHAN, AL 36301

TITLE T  
NAME SOWELL, CHESTER  
STREET ADDRESS 1108 ROSS CLARK CIRCLE  
CITY-ST-ZIP DOTHAN, AL 36301

TITLE CFO  
NAME MILLER, DEREK  
STREET ADDRESS 1108 ROSS CLARK CIRCLE  
CITY-ST-ZIP DOTHAN, AL 36301

TITLE VICE CHAIRMAN  
NAME MC DANIEL, JOHN  
STREET ADDRESS 1108 ROSS CLARK CIRCLE  
CITY-ST-ZIP DOTHAN, AL 36301

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IN THIS SPACE**

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 reports 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 all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #