

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38531

FILED
Apr 13, 2009
Secretary of State

Entity Name: THE HOUSTON COUNTY HEALTH CARE AUTHORITY, INC.

Current Principal Place of Business:

P.O. DRAWER 6987
DOTHAN, AL 36302

New Principal Place of Business:

1108 ROSS CLARK CIRCLE
DOTHAN, AL 36301

Current Mailing Address:

P.O. DRAWER 6987
DOTHAN, AL 36302

New Mailing Address:

FEI Number: 63-6004476 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MELVIN, WADE MD
1376 BRICKYARD ROAD
CHIPLEY, FL 32428 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: CH () Delete
Name: GLOVER, WILLIAM
Address: 1108 ROSS CLARK CIRCLE
City-St-Zip: DOTHAN, AL 36301

Title: S () Delete
Name: WOZOW, BRUCE
Address: 1108 ROSS CLARK CIRCLE
City-St-Zip: DOTHAN, AL 36301

Title: CEO () Delete
Name: OWEN, RONALD S
Address: 1108 ROSS CLARK CIRCLE
City-St-Zip: DOTHAN, AL 36301

Title: T () Delete
Name: SOWELL, CHESTER
Address: 1108 ROSS CLARK CIRCLE
City-St-Zip: DOTHAN, AL 36301

Title: CFO () Delete
Name: MILLER, DEREK
Address: 1108 ROSS CLARK CIRCLE
City-St-Zip: DOTHAN, AL 36301

Title: VC () Delete
Name: MCDANIEL, JOHN
Address: 1108 ROSS CLARK CIR
City-St-Zip: DOTHAN, AL 36301

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

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

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

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: DEREK MILLER

CFO

04/13/2009

Electronic Signature of Signing Officer or Director

Date