FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 1:35

DOCUMENT # N24356 (0)

1. Corporation Name
TRENTON MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
C/O TAMMY K. SANDERS 203 SOUTH MAIN ST TRENTON FL 32693	C/O TAMMY K. SANDERS 203 SOUTH MAIN ST TRENTON FL 32693

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/14/1988
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-2871302 (Applied For / Not Applicable)
5. Certificate of Status Desired: X — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: X — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes X No

2. Principal Place of Business	2a. Mailing Address
21 C/O Tammy K. Sanders	26 C/O TAMMY K. SANDERS
22 Suite, Apt. #, etc. 911 South Main St.	27 Suite, Apt. #, etc. P.O. Box 640
23 City & State Trenton, FL	28 City & State Trenton, FL
24 Zip 32693 25 Country USA	29 Zip 32693 30 Country USA

9. Name and Address of Current Registered Agent

SANDERS, TAMMY K
203 SOUTH MAIN STREET
TRENTON FL 32693

10. Name and Address of New Registered Agent

81 Name: Sanders, Tammy K.
82 Street Address (P.O. Box Number is Not Acceptable): 911 South Main Street
83: Trenton
84 City: FL 85 Zip Code: 32693

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T/D	1.1 TITLE	☐ Change ☐ Addition
NAME	WASSON, STEWART	1.2 NAME	
STREET ADDRESS	1084 N.W. 5TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLND FL 32626	1.4 CITY-ST-ZIP	
TITLE	VE	2.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, CAROLYN	2.2 NAME	
STREET ADDRESS	HWY 339	2.3 STREET ADDRESS	
CITY-ST-ZIP	TRENTON FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	SHOPE, BRENDA	3.2 NAME	Juan Henley
STREET ADDRESS	P O BOX 802	3.3 STREET ADDRESS	~~P.O. Box 445~~ HWY 129
CITY-ST-ZIP	TRENTON FL	3.4 CITY-ST-ZIP	Trenton, FL 32693
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
NAME	YATES,PAUL	4.2 NAME	
STREET ADDRESS	HWY 26 EAST	4.3 STREET ADDRESS	See attachment for
CITY-ST-ZIP	TRENTON FL	4.4 CITY-ST-ZIP	remaining list of
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BRADLEY, CLIFTON	5.2 NAME	Directors.
STREET ADDRESS	~~P.O. BOX 653~~ HWY 26	5.3 STREET ADDRESS	
CITY-ST-ZIP	TRENTON FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	OSTEEN, GAIL	6.2 NAME	
STREET ADDRESS	P.O. BOX 473 NA	6.3 STREET ADDRESS	
CITY-ST-ZIP	TRENTON FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paul W Yates 1/19/95 (904) 463-2374
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #
Paul W. Yates PRESIDENT

0030336

S
KATHY WEAVER
~~P.O. BOX 157~~ HWY 307
TRENTON, FL 32693

D
DONALD THOMAS
~~P.O. BOX 202~~ HWY 26
TRENTON, FL 32693

D
JOHN ROWE
HWY 129
BELL, FL 32619

D
CATHERINE BROWN
MYRTLE STREET
BELL, FL 32619

D
~~JESSE BELL~~
~~P.O. BOX 845~~ TERMINATED
~~TRENTON, FL 32693~~

D
GEORGE POWERS
~~P.O. BOX 643~~ S.E. 1st STREET
TRENTON, FL 32693

D
SAM FERGUSON
RT. 1, BOX 1400
TRENTON, FL 32693

D
CAROL HEISLER
RT. 3, BOX 398-A
CHIEFLAND, FL 32626

D
DONNIE LANE
RT. 3, BOX 392
CHIEFLAND, FL 32626