
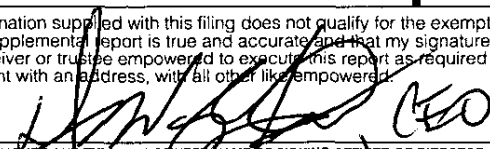


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90031 026 \*\*\*\*70.00

|   |   |   |   |
|---|---|---|---|
| <b>DOCUMENT # N24356</b>  |   |    |   |
| 1. Entity Name<br><b>TRENTON MEDICAL CENTER, INC.</b>   |   |   |   |
| Principal Place of Business<br><b>911 SOUTH MAIN STREET<br/>TRENTON FL 32693<br/>US</b>   |   | Mailing Address<br><b>C/O DEWAYNE YATES<br/>P O BOX 640<br/>TRENTON FL 32693<br/>US</b>   |   |
| 2. Principal Place of Business  |   | 3. Mailing Address  |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   |
| City & State  |   | City & State  |   |
| Zip   | Country   | Zip   | Country   |
| 6. Name and Address of Current Registered Agent<br><b>YATES, DEWAYNE<br/>911 SOUTH MAIN STREET<br/>P.O. BOX 640<br/>TRENTON FL 32693</b>  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |   |   |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees               |   |
|   |   | <b>Make Check Payable to<br/>Florida Department of State</b>  |   |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>T/D<br/>HAYES, DONNA<br/>2559 SE 48TH AVENUE<br/>TRENTON FL 32693</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>V<br/>FERGUSON, SAM<br/>ROUTE 1, BOX 110-4<br/>BELL FL 32619</b> <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>S<br/>WALKER, LINDA<br/>3670 NW 20TH AVENUE<br/>BELL FL 32619</b> <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>PARK, BILL<br/>2609 S.W. CO. ROAD 307-A<br/>TRENTON FL 32693</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>BRADLEY, CLIFTON<br/>HWY 26<br/>TRENTON FL</b> <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P<br/>OSTEEN, GAIL<br/>P.O. BOX 473 N/A<br/>TRENTON FL 32693</b> <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered. |   |   |   |
| <b>SIGNATURE:</b>    |   | Date <b>1-21-04</b>   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   | Daytime Phone #   |   |