

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24356

FILED
Jan 03, 2008
Secretary of State

Entity Name: TRENTON MEDICAL CENTER, INC.

Current Principal Place of Business:

911 SOUTH MAIN STREET
TRENTON, FL 32693 US

New Principal Place of Business:

Current Mailing Address:

C/O DEWAYNE YATES
911 SOUTH MAIN STREET
TRENTON, FL 32693 US

New Mailing Address:

FEI Number: 59-2871302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YATES, DEWAYNE
911 SOUTH MAIN STREET
TRENTON, FL 32693 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: T/D () Delete
Name: HAYES, DONNA
Address: 2559 SE 48TH AVENUE
City-St-Zip: TRENTON, FL 32693

Title: V () Delete
Name: BRADLEY, CLIF
Address: HWY 26
City-St-Zip: TRENTON, FL 32693

Title: S () Delete
Name: WALKER, LINDA
Address: 3670 NW 20TH AVENUE
City-St-Zip: BELL, FL 32619

Title: D () Delete
Name: PARK, BILL
Address: 2609 S.W. CO. ROAD 307-A
City-St-Zip: TRENTON, FL 32693

Title: D () Delete
Name: ST. JOHN, RON,
Address: HWY 26
City-St-Zip: TRENTON, FL 32693

Title: P () Delete
Name: OSTEEEN, GAIL
Address: P.O. BOX 473 N/A
City-St-Zip: TRENTON, FL 32693

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
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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: DEWAYNE YATES

CEO

01/03/2008

Electronic Signature of Signing Officer or Director

Date