

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24356

FILED
Apr 07, 2011
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 ANITA RIELS
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 (X)**

Name and Address of Current Registered Agent:

RIELS, ANITA H CEO
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
Name: PARK, BILL
Address: 2609 SW CR 307A
City-St-Zip: TRENTON, FL 32693

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

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

Title: D
Name: ST JOHN, RON
Address: 4951 NW 170TH ST
City-St-Zip: TRENTON, FL 32693

Title: D
Name: HATCH, CHUCK
Address: P.O. BOX 238 N/A
City-St-Zip: BRANFORD, FL 32008

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

I hereby 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 all other like empowered.

SIGNATURE: ANITA RIELS

CEO

04/07/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date