

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24356

Entity Name: TRENTON MEDICAL CENTER, INC.**Current Principal Place of Business:**23343 NW CR 236
HIGH SPRINGS, FL 32643**Current Mailing Address:**C/O ANITA REMBERT
23343 NW CR 236
HIGH SPRINGS, FL 32643 US**FEI Number:** 59-2871302**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REMBERT, ANITA CEO
23343 NW CR 236
HIGH SPRINGS, FL 32643 US*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:** ANITA REMBERT

03/27/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name BRADLEY, CLIF
Address PO BOX 653
City-State-Zip: TRENTON FL 32693

Title DIRECTOR
Name RANKIN, LINDA
Address 9815 NW 38TH TERRACE
City-State-Zip: BARNFORD FL 32008

Title SECRETARY
Name HATCH, CHUCK
Address PO BOX 184
City-State-Zip: BRANFORD FL 32008

Title DIRECTOR
Name OSTEEN, GAIL
Address PO BOX 1537
City-State-Zip: BRONSON FL 32621

Title TREASURER
Name HENLEY, JUAN
Address PO BOX 1892
City-State-Zip: TRENTON FL 32693

Title DIRECTOR
Name THOMPSON, MARILYN
Address 6800 NORTH US 129
City-State-Zip: BELL FL 32619

Title CEO
Name REMBERT, ANITA H
Address 23343 NW COUNTY ROAD 236
City-State-Zip: HIGH SPRINGS FL 32643

Title CHAIR
Name CATALANOTTO, SARAH
Address 20475 NW 160TH LANE
City-State-Zip: HIGH SPRINGS FL 32643

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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 REMBERT

CEO

03/27/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VC
Name ELDER, JOSH
Address 8413 SW 4TH PLACE
City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR
Name CALVITT, JULIE
Address 195 SW ROSE POINTE PLACE
City-State-Zip: LAKE CITY FL 32024

Title DIRECTOR
Name SNODGRASS, MELISSA
Address 18072 113TH ROAD
City-State-Zip: MCALPIN FL 32062

Title CFO
Name JONES, ANDREW
Address 23343 NW COUNTY ROAD 236
City-State-Zip: HIGH SPRINGS FL 32643