

2019 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 RIELS
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:**RIELS, 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 RIELS

02/12/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title DIRECTOR
Name ST JOHN, RON
Address 4951 NW 170TH STREET
City-State-Zip: TRENTON FL 32693

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

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

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

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

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

Title DIRECTOR
Name HETHCOAT, GERALD
Address 610 NE 2ND STREET
City-State-Zip: WILLISTON FL 32696

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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 RIELS

CEO

02/12/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title SECRETARY
Name CATALANOTTO, SARAH
Address 16646 NW 194TH TERRACE
City-State-Zip: HIGH SPRINGS FL 32643

Title DIRECTOR
Name NICHOLA, KIM
Address 23343 NW COUNTY ROAD 236
City-State-Zip: HIGH SPRINGS FL 32643

Title DIRECTOR
Name SCHAAFSMA, CHARLES K
Address 4451 SW 102 AVE
City-State-Zip: LAKE BUTLER FL 32054

Title DIRECTOR
Name ELDER, JOSH
Address 23343 NW COUNTY ROAD 236
City-State-Zip: HIGH SPRINGS FL 32643