

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24356

Entity Name: TRENTON MEDICAL CENTER, INC.**Current Principal Place of Business:**911 SOUTH MAIN STREET
TRENTON, FL 32693**Current Mailing Address:**C/O ANITA RIELS
911 SOUTH MAIN STREET
TRENTON, FL 32693 US**FEI Number:** 59-2871302**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RIELS, ANITA CEO
911 SOUTH MAIN STREET
TRENTON, FL 32693 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

02/27/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title T/D
Name PARK, BILL
Address 2609 SW CR 307A
City-State-Zip: TRENTON FL 32693

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

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

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

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

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

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

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

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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: GAIL OSTEEN

PRESIDENT

02/27/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name HAYES, DESIREE
Address 1231 NE 23RD STREET
City-State-Zip: GAINESVILLE FL 32641

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