

**2015 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:** Yes**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

03/02/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

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

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

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

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

**Continues on page 2**

*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

03/02/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title CEO  
Name RIELS, ANITA H  
Address 911 SOUTH MAIN STREET  
City-State-Zip: TRENTON FL 32693

Title DIRECTOR  
Name CATALANOTTO, SARAH  
Address 23343 NW CR 236  
City-State-Zip: HIGH SPRINGS FL 32643

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

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