

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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

03/25/2014

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

**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

03/25/2014

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

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