

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000012131

FILED
Apr 27, 2005
Secretary of State

Entity Name: CHIEFLAND MEDICAL CENTER, INC.

Current Principal Place of Business:

THEODORE M. BURT
114 NORTHEAST FIRST STREET
TRENTON, FL 32693

New Principal Place of Business:

Current Mailing Address:

THEODORE M. BURT
POST OFFICE BOX 308
TRENTON, FL 32693

New Mailing Address:

FEI Number: 59-3321005 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BURT, THEODORE M
114 NORTHEAST FIRST STREET
TRENTON, FL 32693 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDST () Delete
Name: SANDERS, TAMMY
Address: 1113 NW 23RD
City-St-Zip: CHIEFLAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDST (X) Change () Addition
Name: SANDERS, TAMMY K.
Address: 1113 NW 23RD
City-St-Zip: CHIEFLAND, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMMY K. SANDERS

P

04/27/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date