

# 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

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04/27/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date