

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 25 1996 8:00 am
Secretary of State

DOCUMENT # 769732 (9)

1. Corporation Name

MUNROE REGIONAL HEALTH SYSTEM, INC.

Principal Place of Business

Mailing Address

C/O RICHARD D. MUTARELLI, C.P.A.
POST OFFICE BOX 6000
OCALA FL 32678

C/O RICHARD D. MUTARELLI, C.P.A.
POST OFFICE BOX 6000
OCALA FL 32678



3. Date Incorporated or Qualified
08/04/1983

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2390209

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MUTARELLI, RICHARD D., C.P.A.
131 S.W. 15TH STREET
OCALA FL 32670**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	WILLIAMS, JIM	
STREET ADDRESS	1809 SE 3RD AVENUE	D
CITY-ST-ZIP	OCALA FL	
TITLE	V	☐ DELETE
NAME	MUTARELLI, RICHARD D.	D
STREET ADDRESS	3908 15TH ST.	
CITY-ST-ZIP	OCALA FL	
TITLE	C	☒ DELETE
NAME	BICE, JEAN	
STREET ADDRESS	8270 SE 3RD COURT	
CITY-ST-ZIP	OCALA FL	
TITLE	D	☒ DELETE
NAME	BALD, CHRISTOPHER M	
STREET ADDRESS	40 SW 12TH ST, A102	
CITY-ST-ZIP	OCALA FL	
TITLE	DS	☒ DELETE
NAME	CURRY, CRAIG	
STREET ADDRESS	47 S.W. 17TH ST.	
CITY-ST-ZIP	OCALA FL	
TITLE	P	☐ DELETE
NAME	MICHELL, DYER T	D
STREET ADDRESS	131 SW 15TH ST	
CITY-ST-ZIP	OCALA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	Seek, M.D., Mel
3.3 STREET ADDRESS	2980 SE 3rd Court
3.4 CITY-ST-ZIP	Ocala, FL 34471
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	Christoff, Steve
4.3 STREET ADDRESS	1016 SE 3rd Avenue
4.4 CITY-ST-ZIP	Ocala, FL 34474
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	Palmer, Margaret
5.3 STREET ADDRESS	818 SE Ft. King St.
5.4 CITY-ST-ZIP	Ocala, FL 34471
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	200001758502
6.3 STREET ADDRESS	-03/26/96--01165--003
6.4 CITY-ST-ZIP	***70.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard D. Mutarelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard D. Mutarelli, VP/Finance & CEO

2-5-96

(904) 351-7327

Date: 3-21-96 Day: 21 Month: 3 Year: 96

CR2E037 (12/95)