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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

4. FEI Number: 59-2390209 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. **Name and Address of Current Registered Agent**

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

10. **Name and Address of New Registered Agent**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, JIM		1.2 NAME		
STREET ADDRESS	1609 SE 3RD AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MUTARELLI, RICHARD D.		2.2 NAME		
STREET ADDRESS	3908 15TH ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SEEK, MEL		3.2 NAME		
STREET ADDRESS	2980 SE 3 CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		3.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	CHRISTOFF, STEVE		4.2 NAME		
STREET ADDRESS	1016 SE 3 AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		4.4 CITY-ST-ZIP		
TITLE	VC	☒ DELETE	5.1 TITLE	C	☐ Change ☒ Addition
NAME	PALMER, MARGARET		5.2 NAME	Clo Ross-Kilkelly	
STREET ADDRESS	818 SE FT. KING ST		5.3 STREET ADDRESS	P. O. Box 4400	
CITY-ST-ZIP	OCALA FL		5.4 CITY-ST-ZIP	Ocala, FL 34478	
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MICHELL, DYER T		6.2 NAME		
STREET ADDRESS	131 SW 15TH ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 2/3/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #