2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State
02-13-2002 90009 004 ****70.00

DOCUMENT # 769732

1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MUTARELLI, RICHARD D., C.P.A. 131 S.W. 15TH STREET OCALA FL 32670	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MATHEWS, ROBERT		NAME		
STREET ADDRESS	2025 SE 11TH STREET		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34471		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MUTARELLI, RICHARD D.		NAME		
STREET ADDRESS	131 SW 115TH ST		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34471		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	SEEK, MEL		NAME	Karve, M.D., Nandkumar	
STREET ADDRESS	2980 SE 3 CT		STREET ADDRESS	2091 SW 55th Street Road	
CITY-ST-ZIP	OCALA FL 34471		CITY-ST-ZIP	Ocala, FL 34474	
TITLE	D	☒ Delete	TITLE	ST	☐ Change ☒ Addition
NAME	DRISCOLL, MARY S		NAME	Pares, M.D., Segismundo	
STREET ADDRESS	2310 SE 14TH ST		STREET ADDRESS	2731 SE 14th Street	
CITY-ST-ZIP	OCALA FL 34471		CITY-ST-ZIP	Ocala, FL 34471	
TITLE	D	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	ROSS-KILKELLY, CLO		NAME	Vermillion, Lynette	
STREET ADDRESS	P.O. BOX 4400		STREET ADDRESS	4359 SE Maricamp Road	
CITY-ST-ZIP	OCALA FL 34478		CITY-ST-ZIP	Ocala, FL 34471	
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MICHELL, DYER T		NAME		
STREET ADDRESS	131 SW 15TH ST		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34471		CITY-ST-ZIP		

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard D. Mutarelli Sr. VP & CFO 1/22/02 352/351-7327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #