

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769732

FILED
Feb 19, 2004
Secretary of State**Entity Name:** MUNROE REGIONAL HEALTH SYSTEM, INC.**Current Principal Place of Business:**MUNROE REGIONAL HEALTH SYSTEM, INC.
POST OFFICE BOX 6000
OCALA, FL 34478**New Principal Place of Business:****Current Mailing Address:**C/O RICHARD D. MUTARELLI, C.P.A.
POST OFFICE BOX 6000
OCALA, FL 34478**New Mailing Address:****FEI Number:** 59-2390209 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**MUTARELLI, RICHARD D CFO
131 S.W. 15TH STREET
P.O. BOX 6000
OCALA, FL 34478 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

OFFICERS AND DIRECTORS:**Title:** CD () Delete
Name: ROBSON, DENNIS J
Address: 1416 SE 42ND AVENUE
City-St-Zip: Ocala, FL 34471**Title:** DV () Delete
Name: MUTARELLI, RICHARD D
Address: 131 SW 115TH ST
City-St-Zip: Ocala, FL 34471**Title:** D () Delete
Name: KARVE, NANDKUMAR MD
Address: 2091 SW 55TH STREET RD
City-St-Zip: Ocala, FL 34474**Title:** VCD () Delete
Name: PARES, SEGISMUNDO MD
Address: 2731 SE 14TH STREET
City-St-Zip: Ocala, FL 34471**Title:** D () Delete
Name: VERMILLION, LYNETTE
Address: 4359 SE MARICAMP RD
City-St-Zip: Ocala, FL 34471**Title:** PD () Delete
Name: MICHELL, DYER T
Address: 131 SW 15TH ST
City-St-Zip: Ocala, FL 34471**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** CD (X) Change () Addition
Name: DURIS, COLLEEN M
Address: 500 NE 8TH AVENUE
City-St-Zip: Ocala, FL 34470 US**Title:** VCD (X) Change () Addition
Name: SCHNEIDER, JAMES R
Address: P.O. BOX 279
City-St-Zip: Ocala, FL 34478 US**Title:** STD (X) Change () Addition
Name: RAJU, DANTE MD
Address: 2840 SE 3RD COURT
City-St-Zip: Ocala, FL 34471 US**Title:** D (X) Change () Addition
Name: PARES, SEGISMUNDO MD
Address: 2731 SE 14TH STREET
City-St-Zip: Ocala, FL 34471 US**Title:** D (X) Change () Addition
Name: RICHARD, MUTARELLI D
Address: 1500 SW 1ST AVENUE
City-St-Zip: Ocala, FL 34474 US**Title:** PD (X) Change () Addition
Name: MICHELL, DYER T
Address: 1500 SW 1ST AVENUE
City-St-Zip: Ocala, FL 34474 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD D. MUTARELLI

CFO

02/19/2004

Electronic Signature of Signing Officer or Director

Date