2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2011
Secretary of State

DOCUMENT# 769732

Entity Name: MUNROE REGIONAL HEALTH SYSTEM, INC.

Current Principal Place of Business:

MUNROE REGIONAL HEALTH SYSTEM, INC.
1500 SW 1ST AVENUE
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

C/O RICHARD D. MUTARELLI
1500 SW 1ST AVENUE
OCALA, FL 34471

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 EVP/CFO
1500 SW 1ST AVENUE
OCALA, FL 34471 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
Name: GHUMMAN, KULBIR
Address: 10983 SW 89TH AVENUE
City-St-Zip: OCALA, FL 34481 US

Title: STD
Name: RAO, SRISHA MD
Address: 2111 SW 20TH PLACE
City-St-Zip: OCALA, FL 34474 US

Title: CEO
Name: PURVES, STEPHEN A
Address: 1500 SW 1ST AVENUE
City-St-Zip: OCALA, FL 34471 US

Title: CFO
Name: MUTARELLI, RICHARD D
Address: 1500 SW 1ST AVENUE
City-St-Zip: OCALA, FL 34471 US

Title: COO
Name: CLARK, PAUL
Address: 1500 SW 1ST AVENUE
City-St-Zip: OCALA, FL 34471 US

I hereby 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 all other like empowered.

SIGNATURE: RICHARD D. MUTARELLI CFO 04/12/2011

Electronic Signature of Signing Officer or Director — Date