2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003
Secretary of State

DOCUMENT# 769732

Entity Name: MUNROE REGIONAL HEALTH SYSTEM, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

MUNROE REGIONAL HEALTH SYSTEM, INC.
POST OFFICE BOX 6000
OCALA, FL 34478

Current Mailing Address:

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

New Mailing Address:

C/O RICHARD D. MUTARELLI, C.P.A.
POST OFFICE BOX 6000
OCALA, FL 34478

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., C.P.A.
131 S.W. 15TH STREET
OCALA, FL 32670 US

Name and Address of New Registered Agent:

MUTARELLI, RICHARD D CFO
131 S.W. 15TH STREET
P.O. BOX 6000
OCALA, FL 34478 US

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: RICHARD D. MUTARELLI 02/05/2003
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: MATHEWS, ROBERT
Address: 2025 SE 11TH STREET
City-St-Zip: OCALA, FL 34471

Title: VD ( ) 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: D ( ) 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: ROBSON, DENNIS J
Address: 1416 SE 42ND AVENUE
City-St-Zip: OCALA, FL 34471

Title: DV (X) Change ( ) Addition
Name: MUTARELLI, RICHARD D
Address: 131 SW 115TH ST
City-St-Zip: OCALA, FL 34471

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VCD (X) Change ( ) Addition
Name: PARES, SEGISMUNDO MD
Address: 2731 SE 14TH STREET
City-St-Zip: OCALA, FL 34471

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: MICHELL, DYER T
Address: 131 SW 15TH ST
City-St-Zip: OCALA, FL 34471

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 02/05/2003
Electronic Signature of Signing Officer or Director Date