

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769732

Entity Name: MUNROE REGIONAL HEALTH SYSTEM, INC.

Current Principal Place of Business:

MARION COUNTY HOSPITAL DISTRICT
1121 SW 1ST AVE
OCALA, FL 34471

Current Mailing Address:

MARION COUNTY HOSPITAL DISTRICT
1121 SW 1ST AVE
OCALA, FL 34471 US

FEI Number: 59-2390209

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FORMAN, CHARLES R
723 EAST FT. KING ST
OCALA, FL 34471 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title EX, D
Name BROMUND, CURT
Address 1121 SW 1ST AVENUE
City-State-Zip: Ocala FL 34471

Title CHAIRMAN
Name BIANCULLI, RICHARD
Address 1121 SWN1ST AVE
City-State-Zip: Ocala FL 34471

Title VC
Name MCCONNELL, SAMUEL M III
Address 1121 SW 1ST AVE
City-State-Zip: Ocala FL 34471

Title SECRETARY, TREASURER
Name KLEIN, H RANDOLPH
Address 1121 SW 1ST AVE
City-State-Zip: Ocala FL 34471

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: CURT BROMUND

EXECUTIVE DIRECTOR

01/24/2018

Electronic Signature of Signing Officer/Director Detail

Date