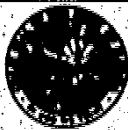


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 751465 (6)
1. Corporation Name
MUNROE REGIONAL MEDICAL CENTER AUXILIARY, INC.

Principal Place of Business Mailing Address
**131 S W 15TH ST
OCALA FL 34474
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/10/1980	3a. Date of Last Report 03/24/1994
4. FEI Number 59-1755349	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent
**MICHELL, DYER T
131 SW 15TH ST
OCALA FL 34474**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **4/24/95**
Signature, typed or printed name of registered agent and location of office (NOTE: Registered Agent's signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP / PATTERSON, GRAHAM 8889-E SW 98TH ST. OCALA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	VP/D Roundy, Janice 2331 SE 19th Circle Ocala, FL 34471 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D YOUNG, MILDRED 3885 NE 17 CIRCLE OCALA FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SR/D MING, HELEN P. O BOX 482 ANTHONY FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SC/D HORNER, MILICENT 8704-F SW 94TH LANE OCALA FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D MARR, VICKIE 4834 NW 75TH AVE. OCALA FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ Addition

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **President** DATE **04/24/95** DAYTIME PHONE # **(904)351-7694**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Vickie Marr, President