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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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	131 S W 15TH ST OCALA FL 34474-4029 US

3. Date Incorporated or Qualified: **03/10/1980**
3a. Date of Last Report: **04/29/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Dyer T. Michell 4-29-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROUNDY, JANICE		1.2 NAME	
STREET ADDRESS	2331 SE 19TH CIRCLE		1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34471		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	YOUNG, MILDRED		2.2 NAME	
STREET ADDRESS	3865 NE 17 CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP	
TITLE	SRD	☒ DELETE	3.1 TITLE	SRD ☐ Change ☒ Addition
NAME	ETHEL CUSICK		3.2 NAME	Tommy McGowan
STREET ADDRESS	8709A SW 96TH ST		3.3 STREET ADDRESS	7698 SW 117th St. Rd.
CITY-ST-ZIP	OCALA FL		3.4 CITY-ST-ZIP	Ocala, FL 34476
TITLE	TD	☒ DELETE	4.1 TITLE	TD ☐ Change ☒ Addition
NAME	WILLIAM WHORT		4.2 NAME	J. Preston Miller
STREET ADDRESS	2018 SE 37TH COURT CIRCLE		4.3 STREET ADDRESS	6396 SW 107th PL
CITY-ST-ZIP	OCALA FL		4.4 CITY-ST-ZIP	Ocala, FL 34476
TITLE	SCD	☒ DELETE	5.1 TITLE	VD ☐ Change ☒ Addition
NAME	HELEN LAW		5.2 NAME	Jean Hastings
STREET ADDRESS	1495A KILLARNY CT		5.3 STREET ADDRESS	1711 SE 27th Loop
CITY-ST-ZIP	OCALA FL		5.4 CITY-ST-ZIP	Ocala, FL 34471
TITLE	VD	☒ DELETE	6.1 TITLE	VD ☐ Change ☒ Addition
NAME	PETER CASTRO		6.2 NAME	Ethel Cusick
STREET ADDRESS	42 TEAK RUN		6.3 STREET ADDRESS	8709A SW 96th St.
CITY-ST-ZIP	OCALA FL		6.4 CITY-ST-ZIP	Ocala, FL 34481

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mildred B. Young Mildred B. Young, Pres. 4-29-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0065785