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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 751465

1. Corporation Name

**MUNROE REGIONAL MEDICAL CENTER AUXILIARY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 131 S W 15TH ST<br>OCALA FL 34474<br>US | 131 S W 15TH ST<br>OCALA FL 34474<br>US |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualifed<br>03/10/1980 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-1755349 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required |
| Zip 24 Country 25 | Zip 29 Country 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ 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 | VD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ABNER, DOLORES | | 2.2 NAME | | |
| STREET ADDRESS | 6460 NE 3RD ST | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | OCALA FL 34470 | | 2.4 CITY-ST-ZIP | | |
| TITLE | SD | ☑ DELETE | 3.1 TITLE | VD | ☐ Change ☑ Addition |
| NAME | SHAUB, BARBARA | | 3.2 NAME | Beaudoin, Donald | |
| STREET ADDRESS | 4514 SE 14TH ST | | 3.3 STREET ADDRESS | 4808 NE 16th St. | |
| CITY-ST-ZIP | OCALA FL 34471 | | 3.4 CITY-ST-ZIP | Ocala, FL 34470 | |
| TITLE | SRD | ☐ DELETE | 4.1 TITLE | VD | ☑ Change ☐ Addition |
| NAME | MCGOWAN, TOMMY | | 4.2 NAME | MCGOWAN, Tommy | |
| STREET ADDRESS | 7698 SW 117 ST RD | | 4.3 STREET ADDRESS | 7698 SW 117th St Rd. | |
| CITY-ST-ZIP | OCALA FL | | 4.4 CITY-ST-ZIP | Ocala, FL 34476 | |
| TITLE | VD | ☑ DELETE | 5.1 TITLE | SRD | ☐ Change ☑ Addition |
| NAME | HASTINGS, JEAN | | 5.2 NAME | Ethel Cusick | |
| STREET ADDRESS | 1711 SE 27 LOOP | | 5.3 STREET ADDRESS | 8709 A SW 96th St. | |
| CITY-ST-ZIP | OCALA FL | | 5.4 CITY-ST-ZIP | Ocala, FL 34481 | |
| TITLE | TD | ☑ DELETE | 6.1 TITLE | TD | ☐ Change ☑ Addition |
| NAME | MILLER, J PRESTON | | 6.2 NAME | William Avery | |
| STREET ADDRESS | 6396 SW 107 PL | | 6.3 STREET ADDRESS | 2342 Pebble Beach Rd, | |
| CITY-ST-ZIP | OCALA FL | | 6.4 CITY-ST-ZIP | Ocala, FL 34472 | |

14. I 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, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)