2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State
04-03-2000 90137 027 ****70.00

DOCUMENT # 751465

1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1755349 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MICHELL, DYER T 131 SW 15TH ST OCALA FL 34474	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____ 3/8/00
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROUNDY, JANICE 2331 SE 19TH CIRCLE OCALA FL 34471	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD McGowan, Tommy 7698 SW 117th St. Rd. Ocala, FL 34476	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ABNER, DOLORES 6460 NE 3RD ST OCALA FL 34470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BEAUDOIN, DONALD 4808 NE 16 ST OCALA FL 34470	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Cusick, Ethel 8709 A SW 96th St. Ocala, FL 34481	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MCGOWAN, TOMMY 7698 SW 117 ST RD OCALA FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Packard, Billie 7202-D Merion PL Ocala, FL 34472	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SRD CUSIEK, ETHEL 8709- A SW 96 ST OCALA FL 34481	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SRD Brooke, Rose 8696 SW 115th St. Ocala, FL 34481	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD AVERY, WILLIAM 2342 PEBBLE BCH RD OCALA FL 34472	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: /s/ Janice Roundy TM McGowan 3/29/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #