2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751465

1. Entity Name

MUNROE REGIONAL MEDICAL CENTER AUXILIARY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 11 PM 1:57

0014811

Principal Place of Business	Mailing Address
131 S W 15TH ST OCALA FL 34474 US	131 S W 15TH ST OCALA FL 34474 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 _____ 12/6/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 12, 2001, min. will be $236.25

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	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MCGOWAN, TOMMY		NAME	600004732946--5
STREET ADDRESS	7698 SW 117TH ST RD		STREET ADDRESS	-12/19/01--01051--001
CITY-ST-ZIP	OCALA FL 34476		CITY-ST-ZIP	****175.00 ****175.00
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ABNER, DOLORES		NAME	600004732946--5
STREET ADDRESS	6460 NE 3RD ST		STREET ADDRESS	-12/19/01--01051--002
CITY-ST-ZIP	OCALA FL 34470		CITY-ST-ZIP	*****70.00 *****70.00
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CUSICK, ETHEL		NAME	
STREET ADDRESS	8709-A SW 96TH ST		STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470		CITY-ST-ZIP	
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PACKARD, BILLIE		NAME	
STREET ADDRESS	7202-D MERION PL		STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34472		CITY-ST-ZIP	
TITLE	SRD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BROOKE, ROSE		NAME	
STREET ADDRESS	8696 SW 115TH ST		STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34481		CITY-ST-ZIP	
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	AVERY, WILLIAM		NAME	
STREET ADDRESS	2342 PEBBLE BCH RD		STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34472		CITY-ST-ZIP	

CR2E037 (5/01)

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: Ethel Cusick RECEIVED 12/5/01