

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751465

1. Entity Name

MUNROE REGIONAL MEDICAL CENTER AUXILIARY, INC.

Principal Place of Business

131 S W 15TH ST
OCALA FL 34474
US

Mailing Address

131 S W 15TH ST
OCALA FL 34474
US

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

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

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 MCGOWAN, TOMMY 7698 SW 117TH ST RD OCALA FL 34476	☒ Delete
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	VD CUSICK, ETHEL 8709-A SW 96TH ST OCALA FL 34470	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PACKARD, BILLIE 7202-D MERION PL OCALA FL 34472	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRD BROOKE, ROSE 8696 SW 115TH ST OCALA FL 34481	☒ Delete
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	PD ABNER, DOLORES 6480 NE 3rd ST. Ocala FL. 34470	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANN FINLEY 5327 SW 89th ST. Ocala FL 34476	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAVONNE Redman 18650 SE 53rd Pl. Ocala FL. 32179	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRD Martha Newell 3611 SW 25th Pl. Ocala FL 34474	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Robert Keller 7750 SW 63rd Ave Rd Ocala FL 34476	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Billie M. Packard
Billie M. Packard V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-624-1764

80082675



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)