2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State
03-24-2004 90025 042 ****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 US

J40034000

03182004 Chg-NP CR2E037 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FINLEY, ANN 5327 SW 89TH ST. OCALA, FL 34476	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD John Davidson 5855 SW 60th Place Ocala Fl. 34474	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ABNER, DOLORES 6480 NE 3RD ST. OCALA, FL 34470	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Chales Dell 162 Redwood Rd. Ocala Fl. 34472	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD REDMAN, LAVONNE 18650 SE 53RD PL. OCKLAWAHA, FL 32179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SRD Resa Leslie 8453 SW 60th Circle Ocala Fl. 34476	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WILLIAMS, GEORGE 9260B SW 90TH CT OCALA, FL 34481	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Donald Beaudoin 4808 NE 16th ST. Ocala Fl. 34470	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SRD COLLINS, BETTY 2701 NE 10TH ST APT 803 OCALA, FL 34470	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KELLER, ROBERT 7750 SW 63RD AVE RD OCALA, FL 34476	☒ Delete	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: Donald D. Beaudoin 3/18/04 352-671-2153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #