2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State
04-04-2005 90090 001 ****70.00

DOCUMENT # 751465

1. Entity Name
MUNROE REGIONAL MEDICAL CENTER AUXILIARY, INC.

000334S0

Principal Place of Business	Mailing Address
131 S W 15TH ST OCALA, FL 34474 US	131 S W 15TH ST OCALA, FL 34474 US

03292005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	PO Box 6000 Suite, Apt. #, etc.
City & State: Ocala FL	City & State: Ocala FL
Zip / Country	Zip: 34478 Country: Marion

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

MICHELL, DYER T
131 SW 15TH ST
OCALA, FL 34474

7. Name and Address of New Registered Agent

Name: Paul Clark
Street Address (P.O. Box Number is Not Acceptable): 131 SW 15th ST.
City: Ocala FL Zip Code: 34474

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 X _____ 3/30/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by May 1, 2005

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 DAVIDSON, JOHN 5855 SW 60TH PLACE OCALA, FL 34474	☑ Delete	VP John LeHew 10840 SE 52nd Ave. Belleview, Fl. 34420	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DELL, CHALES 162 REDWOOD RD OCALA, FL 34472	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD REDMAN, LAVONNE 18650 SE 53RD PL. OCKLAWAHA, FL 32179	☑ Delete	VP Jackie Mullen 4580 SE 48th Place Rd. Ocala Fl. 34480	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WILLIAMS, GEORGE 9260B SW 90TH CT OCALA, FL 34481	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SRD RESA, LESLIE 8453 SW 60TH CIRCLE OCALA, FL 34476	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BEAUDOIN, DONALD 4808 NE 16TH ST OCALA, FL 34470	☐ Delete		☐ 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 3/31/05 351-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DONALD D. BEAUDOIN