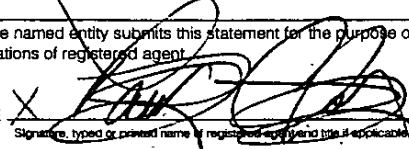
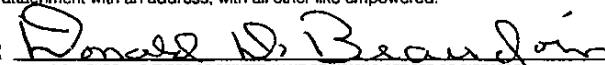


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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.					
Principal Place of Business 131 SW 15TH ST OCALA, FL 34474 US			Mailing Address 131 SW 15TH ST OCALA, FL 34474 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO Box 6000 Suite, Apt. #, etc.			
City & State Ocala FL		City & State Ocala FL		4. FEI Number 59-1755349	
Zip 34478		Country Marion		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  DATE 3/30/05 (NOTE: Registered Agent signature required when reinstating)					
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP John LeHew 10840 SE 52nd Ave. Belleview, FL 34420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELL, CHALES 162 REDWOOD RD OCALA, FL 34472	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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	VP Jackie Mullen 4580 SE 48th Place Rd. Ocala FL 34480
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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRD RESA, LESLIE 8453 SW 60TH CIRCLE OCALA, FL 34476	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEAUDOIN, DONALD 4808 NE 16TH ST OCALA, FL 34470	☐ 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 3/31/05 Daytime Phone # 351-7200	

DONALD D. BEAUDOIN