


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90262 037 \*\*\*\*70.00

<b>DOCUMENT # 751465</b>					
1. Entity Name <b>MUNROE REGIONAL MEDICAL CENTER AUXILIARY, INC.</b>					
Principal Place of Business 131 S W 15TH ST OCALA, FL 34474 US		Mailing Address P.O. BOX 6000 OCALA, FL 34478 US			
2. Principal Place of Business <i>1500 SW 1st Ave.</i>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Ocala FL</i>		City & State		4. FEI Number <b>59-1755349</b>	
Zip <i>34474</i>		Country <i>Marion</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CLARK, PAUL</b> 131 SW 15TH ST OCALA, FL 34474			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEHEW, JOHN		NAME		
STREET ADDRESS	10840 SE 52ND AVE.		STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW, FL 34420		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<i>Pres</i> Williams, George	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELL, CHALES		NAME	<i>92608 SW 90 CT.</i>	
STREET ADDRESS	162 REDWOOD RD		STREET ADDRESS	<i>Ocala Fl. 34481</i>	
CITY-ST-ZIP	OCALA, FL 34472		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<i>Vice Pres.</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULLEN, JACKIE		NAME	<i>Brooks, Arthur W.</i>	
STREET ADDRESS	4580 SE 48TH PLACE RD.		STREET ADDRESS	<i>1832 SE 38th Ct.</i>	
CITY-ST-ZIP	OCALA, FL 34480		CITY-ST-ZIP	<i>Ocala Fl 34471</i>	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, GEORGE		NAME		
STREET ADDRESS	9280B SW 90TH CT		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34481		CITY-ST-ZIP		
TITLE	SRD	<input checked="" type="checkbox"/> Delete	TITLE	<i>SRD.</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RESA, LESLIE		NAME	<i>AMES, Mary Ellen</i>	
STREET ADDRESS	8453 SW 60TH CIRCLE		STREET ADDRESS	<i>3376 SE 94th ST.</i>	
CITY-ST-ZIP	OCALA, FL 34478		CITY-ST-ZIP	<i>Ocala Fl 34480</i>	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<i>TD</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEAUDOIN, DONALD		NAME	<i>Walls, James</i>	
STREET ADDRESS	4808 NE 16TH ST		STREET ADDRESS	<i>5105 NW 21st Loop</i>	
CITY-ST-ZIP	OCALA, FL 34470		CITY-ST-ZIP	<i>Ocala Fl. 34482</i>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>George R. Williams</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date</small>	
				<small>Daytime Phone #</small>	