


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90030 016 ****70.00

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|---|---|
| DOCUMENT # 751465 |  |
| 1. Entity Name MUNROE REGIONAL MEDICAL CENTER AUXILIARY, INC. | |

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| Principal Place of Business 1500 SW 1ST AVE OCALA, FL 34474 US | Mailing Address P.O. BOX 6000 OCALA, FL 34478 US |
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400000111



01232007 No Chg-NP CR2E037 (4/06)

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|---|---------------------------------------|
| 4. FEI Number 59-1755349 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent |
| CLARK, PAUL 131 SW 15TH ST OCALA, FL 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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|---|---|
| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LEHEW, JOHN 10840 SE 52ND AVE. BELLEVIEW, FL 34420 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WILLIAMS, GEORGE 92808 SW 90 CT OCALA, FL 34481 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BROOKS, ARTHUR W 1832 SE 3ETH CT OCALA, FL 34471 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SRD AMES, MARY ELLEN 3376 SE 94TH ST OCALA, FL 34480 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WALLS, JAMES 5105 NW 21ST LOOP OCALA, FL 34482 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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: *George R. Williams Aux. President* **1/29/07** **352-671-2153**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #