
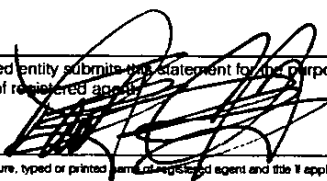
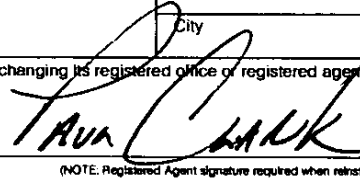
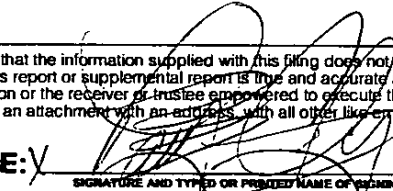
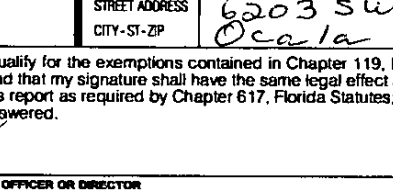


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90393 001 ****70.00

DOCUMENT # 751465					
1. Entity Name MUNROE REGIONAL MEDICAL CENTER AUXILIARY, INC.					
Principal Place of Business 1500 SW 1ST AVE OCALA, FL 34474 US			Mailing Address P.O. BOX 6000 OCALA, FL 34478 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent CLARK, PAUL 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	
State				State	
Zip Code				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: 		SIGNATURE: 		DATE: 4/19/08	
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, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VD	<input type="checkbox"/> Delete		TITLE	PRES.
NAME	LEHEW, JOHN			NAME	Lehew, John
STREET ADDRESS	10840 SE 52ND AVE.			STREET ADDRESS	10840 SE 52nd Ave.
CITY-ST-ZIP	BELLEVIEW, FL 34420			CITY-ST-ZIP	Belleview Fl. 34420
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	VP
NAME	WILLIAMS, GEORGE			NAME	Mullen, Jacqueline
STREET ADDRESS	92608 SW 90 CT			STREET ADDRESS	4580 SE 48th Pk. rd.
CITY-ST-ZIP	OCALA, FL 34481			CITY-ST-ZIP	Ocala FL 34480
TITLE	VP	<input type="checkbox"/> Delete		TITLE	
NAME	BROOKS, ARTHUR W			NAME	
STREET ADDRESS	1832 SE 3ETH CT			STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34471			CITY-ST-ZIP	
TITLE	SRD	<input type="checkbox"/> Delete		TITLE	VP
NAME	AMES, MARY ELLEN			NAME	Ames Mary Ellen
STREET ADDRESS	3376 SE 94TH ST			STREET ADDRESS	3376 SE 94th St.
CITY-ST-ZIP	OCALA, FL 34480			CITY-ST-ZIP	Ocala Fl 34480
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	SRD
NAME	WALLS, JAMES			NAME	Smith, Laura
STREET ADDRESS	5105 NW 21ST LOOP			STREET ADDRESS	1100 SW 71st Terr. Rd.
CITY-ST-ZIP	OCALA, FL 34482			CITY-ST-ZIP	Ocala Fl 34476
TITLE		<input type="checkbox"/> Delete		TITLE	TRES.
NAME				NAME	Dobson Corine
STREET ADDRESS				STREET ADDRESS	6203 SW 102nd ST. RD
CITY-ST-ZIP				CITY-ST-ZIP	Ocala Fl 34476
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: 		SIGNATURE: 		DATE: 4/29/08	
Signature and typed or printed name of signing officer or director		Signature and typed or printed name of signing officer or director		Date	