

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751465

FILED
Jan 07, 2009
Secretary of State

Entity Name: MUNROE REGIONAL MEDICAL CENTER AUXILIARY, INC.

Current Principal Place of Business:

1500 SW 1ST AVE
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6000
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 59-1755349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLARK, PAUL
131 SW 15TH ST
OCALA, FL 34474 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEHEW, JOHN
Address: 10340 SE 52ND AVE
City-St-Zip: BELLEVIEW, FL 34420

Title: VP () Delete
Name: MULLEN, JACQUELINE
Address: 4580 SE 48TH PL RD.
City-St-Zip: OCALA, FL 34480

Title: VP () Delete
Name: BROOKS, ARTHUR W
Address: 1832 SE 3ETH CT
City-St-Zip: OCALA, FL 34471

Title: VP () Delete
Name: ELLEN, AMES
Address: 3376 SE 94TH ST.
City-St-Zip: OCALA, FL 34480

Title: SRD () Delete
Name: LAURA, SM. TH.
Address: 11100 SW 71ST TERR RD
City-St-Zip: OCALA, FL 34476

Title: T () Delete
Name: DOBSON, CORINE
Address: 6203 SW 102ND ST. RD.
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN LEHEW

P

01/07/2009

Electronic Signature of Signing Officer or Director

Date