2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2010
Secretary of State

DOCUMENT# 751465

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
Name: MULLEN, JACQUELINE
Address: 4580 SE 48TH PLACE RD.
City-St-Zip: OCALA, FL 34480

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

Title: VP
Name: DOBSON, CORINE
Address: 6203 SE 102 ST. RD.
City-St-Zip: OCALA, FL 34476

Title: VP
Name: GROSSO, RICHARD
Address: 1509 SE 18TH AVE
City-St-Zip: OCALA, FL 34471

Title: SRD
Name: KETCHUM, SANDRA
Address: 155 NE 64TH TERR.
City-St-Zip: OCALA, FL 34470

Title: T
Name: COLLINS, BETTY
Address: 760 NE 130TH TERR.
City-St-Zip: OCALA, FL 34488

I hereby 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 all other like empowered.

SIGNATURE: JACQUELINE MULLEN PRES 03/02/2010

Electronic Signature of Signing Officer or Director Date