

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769732

FILED  
Jan 11, 2007  
Secretary of State

Entity Name: MUNROE REGIONAL HEALTH SYSTEM, INC.

## Current Principal Place of Business:

MUNROE REGIONAL HEALTH SYSTEM, INC.  
POST OFFICE BOX 6000  
OCALA, FL 34478

## New Principal Place of Business:

MUNROE REGIONAL HEALTH SYSTEM, INC.  
OCALA, FL 34474

## Current Mailing Address:

C/O RICHARD D. MUTARELLI, C.P.A.  
POST OFFICE BOX 6000  
OCALA, FL 34478

## New Mailing Address:

C/O RICHARD D. MUTARELLI, C.P.A.  
OCALA, FL 34474

FEI Number: 59-2390209

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MUTARELLI, RICHARD D CFO  
1500 SW 1ST AVENUE  
P.O. BOX 6000  
OCALA, FL 34478 US

## Name and Address of New Registered Agent:

MUTARELLI, RICHARD D CFO  
1500 SW 1ST AVENUE  
OCALA, FL 34474 US

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: RICHARD D. MUTARELLI

01/11/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: DURIS, COLLEEN M  
Address: 500 NE 8TH AVENUE  
City-St-Zip: OCALA, FL 34470 US

Title: VCD ( ) Delete  
Name: SCHNEIDER, JAMES R  
Address: P.O. BOX 279  
City-St-Zip: OCALA, FL 34478 US

Title: STD ( ) Delete  
Name: RAJU, DANTE MD  
Address: 2840 SE 3RD COURT  
City-St-Zip: OCALA, FL 34471 US

Title: D ( ) Delete  
Name: PARES, SEGISMUNDO MD  
Address: 2731 SE 14TH STREET  
City-St-Zip: OCALA, FL 34471 US

Title: D ( ) Delete  
Name: RICHARD, MUTARELLI D  
Address: 1500 SW 1ST AVENUE  
City-St-Zip: OCALA, FL 34474 US

Title: PD ( ) Delete  
Name: CLARK, PAUL  
Address: 1500 SW 1ST AVENUE  
City-St-Zip: OCALA, FL 34474 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition  
Name: JOHNSON, ED LT COL  
Address: 1956 SE WSTBROOK COURT  
City-St-Zip: OCALA, FL 34471 US

Title: VCD (X) Change ( ) Addition  
Name: HANSON, STANLEY  
Address: 7074 SE 12TH CIRCLE  
City-St-Zip: OCALA, FL 34480 US

Title: STD (X) Change ( ) Addition  
Name: RAO, SHRISHA MD  
Address: 2111 SW 20TH PLACE  
City-St-Zip: OCALA, FL 34474 US

Title: CEO (X) Change ( ) Addition  
Name: PURVES, STEPHEN A  
Address: 1500 SW 1ST AVENUE  
City-St-Zip: OCALA, FL 34474 US

Title: CFO (X) Change ( ) Addition  
Name: MUTARELLI, RICHARD D  
Address: 1500 SW 1ST AVENUE  
City-St-Zip: OCALA, FL 34474 US

Title: COO (X) Change ( ) Addition  
Name: CLARK, PAUL  
Address: 1500 SW 1ST AVENUE  
City-St-Zip: OCALA, FL 34474 US

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD D. MUTARELLI

CFO

01/11/2007

Electronic Signature of Signing Officer or Director

Date