

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Feb 26, 2008
Secretary of State

DOCUMENT# 769732

Entity Name: MUNROE REGIONAL HEALTH SYSTEM, INC.**Current Principal Place of Business:**MUNROE REGIONAL HEALTH SYSTEM, INC.
OCALA, FL 34471**New Principal Place of Business:**MUNROE REGIONAL HEALTH SYSTEM, INC.
1500 SW 1ST AVENUE
OCALA, FL 34471**Current Mailing Address:**C/O RICHARD D. MUTARELLI, C.P.A.
OCALA, FL 34471**New Mailing Address:**C/O RICHARD D. MUTARELLI
1500 SW 1ST AVENUE
OCALA, FL 34471**FEI Number:** 59-2390209**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MUTARELLI, RICHARD D CFO
1500 SW 1ST AVENUE
OCALA, FL 34471 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: CD () Delete
Name: JOHNSON, ED LT COL
Address: 1956 SE WSTBROOK COURT
City-St-Zip: OCALA, FL 34471 US

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

Title: STD () Delete
Name: RAO, SRISHA MD
Address: 2111 SW 20TH PLACE
City-St-Zip: OCALA, FL 34474 US

Title: CEO () Delete
Name: PURVES, STEPHEN A
Address: 1500 SW 1ST AVENUE
City-St-Zip: OCALA, FL 34471 US

Title: CFO () Delete
Name: MUTARELLI, RICHARD D
Address: 1500 SW 1ST AVENUE
City-St-Zip: OCALA, FL 34471 US

Title: COO () Delete
Name: CLARK, PAUL
Address: 1500 SW 1ST AVENUE
City-St-Zip: OCALA, FL 34471 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: COO (X) Change () Addition
Name: CLARK, GARY P
Address: 1500 SW 1ST AVENUE
City-St-Zip: OCALA, FL 34471 US

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: RICHARD D. MUTARELLI

CFO

02/26/2008

Electronic Signature of Signing Officer or Director

Date