

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **769733** (7)

1. Corporation Name

MUNROE REGIONAL MEDICAL CENTER, INC.



Principal Place of Business

131 SW 15TH ST.
P.O. BOX 6000
OCALA FL 34478

Mailing Address

131 SW 15TH ST.
P.O. BOX 6000
OCALA FL 34478

3. Date Incorporated or Qualified
08/04/1983

3a. Date of Last Report
04/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2390218

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMONS, GARY C., ESQ.
121 NW 3RD ST.
OCALA FL 34475

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and firm if applicable

(NOTE: Registered Agent's signature required when re-submitting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JIM , D	
STREET ADDRESS	1609 SE 3RD AVENUE	
CITY - ST - ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BALD, CHRISTOPHER MD	
STREET ADDRESS	40 SW 12TH ST A102	
CITY - ST - ZIP	OCALA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CHRISTOFF, STEVE T	
STREET ADDRESS	1016 SE THIRD AVE	
CITY - ST - ZIP	OCALA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MICHELL, DYER T. T	
STREET ADDRESS	P.O. BOX 6000 N/A	
CITY - ST - ZIP	OCALA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MUTARELLI, RICHARD T	
STREET ADDRESS	3908 SE 15TH ST.	
CITY - ST - ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JEAN BICE	
STREET ADDRESS	2100 S.W. 17TH STREET D	
CITY - ST - ZIP	OCALA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Seek, M.D., Mel D
2.3 STREET ADDRESS	2980 SE 3rd Court
2.4 CITY - ST - ZIP	Ocala, FL 34471
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	700001758507
6.3 STREET ADDRESS	-03/26/96--01165--004
6.4 CITY - ST - ZIP	***70.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard D. Mutarelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard D. Mutarelli, VP/Finance & CEO

Feb. 6, 1996

(904) 351-7327

Date

Daytime Phone #

SG 3-26-96

CR2E037 (12/95)