

FILE NOW: FILING FEE IS \$61.25

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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34478-6000
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3. Date Incorporated or Qualified 06/04/1983	3a. Date of Last Report 03/26/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2390218	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JIM	1.2 NAME	
STREET ADDRESS	1609 SE 3RD AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEEK, MEL	2.2 NAME	
STREET ADDRESS	2980 SE 3 CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34471	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTOFF, STEVE	3.2 NAME	
STREET ADDRESS	1016 SE THIRD AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE	PT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHELL, DYER T.	4.2 NAME	
STREET ADDRESS	P.O. BOX 6000 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUTARELLI, RICHARD	5.2 NAME	
STREET ADDRESS	3908 SE 15TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN BICE	6.2 NAME	
STREET ADDRESS	2100 S.W. 17TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **Richard D. Mutarelli** **President/Finance** **3/6/97**

CR2E037 (9/96)