


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 769733
1. Corporation Name
Munroe Regional Medical Center, Inc.

Principal Place of Business 131 SW 15th Street PO Box 6000 Ocala, Florida 34476	Mailing Address 131 SW 15th Street PO Box 6000 Ocala, Florida 34478-6000
---	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified 08/04/1983
4. FEI Number 59-2390218
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**Simons, Gary C., Esq.
121 NW Third Street
Ocala, Florida 34475**

10. Name and Address of New Registered Agent
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				
TITLE	D	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williams, Jim	1.1 TITLE		
STREET ADDRESS	1609 SE 3rd Avenue	12 NAME		
CITY-ST-ZIP	Ocala, FL	13 STREET ADDRESS	1609 SE 3rd Avenue	
		1.4 CITY-ST-ZIP	Ocala, FL	34471
TITLE	D	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Seek, Mel	22 NAME		
STREET ADDRESS	2980 SE 3rd Court	2.3 STREET ADDRESS		
CITY-ST-ZIP	Ocala, FL 34471	2.4 CITY-ST-ZIP		
TITLE	ST	3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christoff, Steve	32 NAME		
STREET ADDRESS	1016 SE Third Avenue	3.3 STREET ADDRESS	917 SE 9th Avenue	
CITY-ST-ZIP	Ocala, FL	3.4 CITY-ST-ZIP	Ocala, FL 34471	
TITLE	PT	4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mitchell, Dyer T	4.2 NAME		
STREET ADDRESS	PO Box 6000	4.3 STREET ADDRESS	131 SW 15th Street	
CITY-ST-ZIP	Ocala, FL	4.4 CITY-ST-ZIP	Ocala, FL	34474
TITLE	VT	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mutarelli, Richard	52 NAME	800002534018	
STREET ADDRESS	3908 SE 15th Street	5.3 STREET ADDRESS	-05/22/98--01104--029	
CITY-ST-ZIP	Ocala, FL	5.4 CITY-ST-ZIP	***70.00	
TITLE	D	6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bice, Jean	6.2 NAME		
STREET ADDRESS	2100 SW 17th Street	6.3 STREET ADDRESS	2100 SE 17th Street	
CITY-ST-ZIP	Ocala, FL	6.4 CITY-ST-ZIP	Ocala, FL	34471

14. I 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 as an attachment with an address.

SIGNATURE: *Richard D. Mutarelli*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard D. Mutarelli
Sr. Vice President/Finance
4-27-98

CR2E037 (10/97)