

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90143 002 ****70.00

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DOCUMENT # 769733

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/04/1983

4. FEI Number

59-2390218

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME WILLIAMS, JIM

STREET ADDRESS 1609 SE 3RD AVENUE

CITY-ST-ZIP Ocala FL 34471

TITLE ☐ DELETE

NAME SEEK, MEL

STREET ADDRESS 2980 SE 3RD CT.

CITY-ST-ZIP Ocala FL 34471

TITLE ☒ DELETE

NAME CHRISTOFF, STEVE

STREET ADDRESS 917 S.E. 9TH AVENUE

CITY-ST-ZIP Ocala FL 34471

TITLE ☐ DELETE

NAME MICHELL, DYER T.

STREET ADDRESS 131 S.W. 15TH STREET

CITY-ST-ZIP Ocala FL 34471

TITLE ☐ DELETE

NAME MUTARELLI, RICHARD

STREET ADDRESS 3908 SE 15TH ST.

CITY-ST-ZIP Ocala FL

TITLE ☒ DELETE

NAME JEAN BICE

STREET ADDRESS 2100 S.E. 17TH STREET

CITY-ST-ZIP Ocala FL 34471

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME D

3.3 STREET ADDRESS Clo Ross-Kilkelly

3.4 CITY-ST-ZIP P.O. Box 4400

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME Ocala, FL 34478

4.3 STREET ADDRESS PD

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME VD

5.3 STREET ADDRESS Mutarelli, Richard D.

5.4 CITY-ST-ZIP 131 S.W. 15th Street

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME C

6.3 STREET ADDRESS Mary S. Driscoll

6.4 CITY-ST-ZIP 2310 S.E. 14th Street

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard D. Mutarelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard D. Mutarelli

SR. V.P/CFO (352) 351-7327

Date

Daytime Phone #

CR2E037 (11/98)