

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769733

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2390218

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D WILLIAMS, JIM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1609 SE 3RD AVENUE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE NAME	D SEEK, MEL	<input type="checkbox"/> Delete
STREET ADDRESS	2980 SE 3RD CT.	
CITY-ST-ZIP	OCALA FL 34471	
TITLE NAME	ST ROSS-KILKELLY, CLO	<input type="checkbox"/> Delete
STREET ADDRESS	P O BOX 4400	
CITY-ST-ZIP	OCALA FL 34478	
TITLE NAME	PD MICHELL, DYER T.	<input type="checkbox"/> Delete
STREET ADDRESS	131 S.W. 15TH STREET	
CITY-ST-ZIP	OCALA FL 34471	
TITLE NAME	VD MUTARELLI, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS	131 SW 15TH ST	
CITY-ST-ZIP	OCALA FL 34471	
TITLE NAME	C DRISCOLL, MARY S	<input type="checkbox"/> Delete
STREET ADDRESS	2310 SE 14TH ST	
CITY-ST-ZIP	OCALA FL 34471	

TITLE NAME	CD Lynette Vermillion	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4359 SE Maricamp Road	
CITY-ST-ZIP	Ocala, FL 34471	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Richard D. Mutarelli

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SR. VP/CFO

2/10/00

(352) 351-7327

Date

Daytime Phone #

CR2E037 (9/99)