

769733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

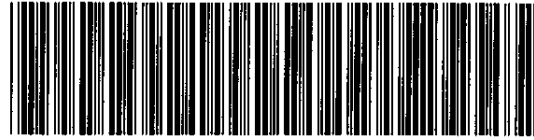
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

PA Charge
[Signature]

Law Firm
SAVAGE KRIM
SINCE 1921

GARY C. SIMONS
JOHN S. SIMONS
ROBERT E. SEYMOUR

121 NW THIRD STREET
OCALA, FLORIDA 34475-6695

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www.savkrim.com

FRED J. KRIM, OF COUNSEL
CHARLES A. SAVAGE (1898-1994)

July 27, 2007

Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: *Munroe Regional Medical Center, Inc.*
Document Number: 769733

Dear Sir/Madam:

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gary C. Simons, Esquire
121 NW 3rd Street
Ocala, FL 34475

For further information concerning this matter, please call our office at (352) 732-8944.

Enclosed is a \$35.00 check made payable to the Department of State.

Sincerely,



Pamela Ann Davis, Legal Assistant for
GARY C. SIMONS

/pad

Enclosures

cc: Richard D. Mutarelli, EVP/CFO

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Munroe Regional Medical Center, Inc.
2. The principal office address: 1500 SW 1st Avenue, Ocala, FL 34474
3. The mailing address (if different): (same)
4. Date of incorporation/qualification: 08/04/1983 Document number: 769733
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Gary C. Simons, Esquire
121 NW 3rd Street
Ocala, FL 34475

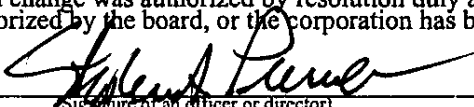
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Richard D. Mutarelli, EVP/CFO
1500 SW 1st Avenue
(P.O. Box NOT acceptable)
Ocala, FL 34474

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TALLAHASSEE, FLORIDA

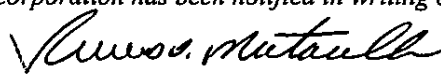
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Stephen A. Purves, President
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

Richard D. Mutarelli

If signing on behalf of an entity:

RICHARD D. MUTARELLI
(Typed or Printed Name)

7/19/07
(Date)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)