

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769733

FILED
Apr 11, 2012
Secretary of State

Entity Name: MUNROE REGIONAL MEDICAL CENTER, INC.

Current Principal Place of Business:

1500 SW 1ST AVENUE
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 6000
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 59-2390209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MUTARELLI, RICHARD D EVP/CFO
1500 S.W. 1ST AVENUE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD
Name: EWERS, RON
Address: 535 SE 22ND AVENUE
City-St-Zip: OCALA, FL 34471 US

Title: STD
Name: KING, ED M.D.
Address: 2850 SE 3RD COURT
City-St-Zip: OCALA, FL 34471 US

Title: CEO
Name: PURVES, STEPHEN A
Address: 1500 SW 1ST AVENUE
City-St-Zip: OCALA, FL 34471 US

Title: CFO
Name: MUTARELLI, RICHARD D
Address: 1500 SW 1ST AVENUE
City-St-Zip: OCALA, FL 34471 US

Title: COO
Name: CLARK, PAUL
Address: 1500 SW 1ST AVENUE
City-St-Zip: OCALA, FL 34471 US

Title: CQO
Name: MCPHERSON, LON H MD
Address: 1500 SW 1ST AVENUE
City-St-Zip: OCALA, FL 34471 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD D. MUTARELLI

CFO

04/11/2012

Electronic Signature of Signing Officer or Director

Date