

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000005471 (7)**

1. Corporation Name

MUNROE REGIONAL MEDICAL CENTER PHYSICIAN-HOSPITAL ORGANIZATION, INC.



Principal Place of Business

Mailing Address

ATTN: DYER T. MICHELL
131 SW 15TH STREET
OCALA FL 34474

ATTN: DYER T. MICHELL
131 SW 15TH STREET
OCALA FL 34474

3. Date Incorporated or Qualified
11/04/1994

3a. Date of Last Report
08/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3315801

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MUTARELLI, RICHARD D
131 SW 15 STREET
OCALA FL 34474**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **ALTENBURGER, KARL**
STREET ADDRESS **1800 S.E. 17TH STREET, #300**
CITY-STATE-ZIP **OCALA FL**

1.1 TITLE **C** ☐ Change ☒ Addition
1.2 NAME **Grainger, M.D., Christopher**
1.3 STREET ADDRESS **1805 SE Lake Weir Ave., #103**
1.4 CITY-STATE-ZIP **Ocala, FL 34471**

TITLE **D** ☒ DELETE
NAME **ANDERSON, NORMAN H**
STREET ADDRESS **2020 S.E. 17TH STREET**
CITY-STATE-ZIP **OCALA FL**

2.1 TITLE **S** ☐ Change ☒ Addition
2.2 NAME **Fuller, M.D., Thomas**
2.3 STREET ADDRESS **2980 SE 3rd Ct.**
2.4 CITY-STATE-ZIP **Ocala, FL 34471**

TITLE **D** ☒ DELETE
NAME **MARTIN, GEORGE**
STREET ADDRESS **131 S.W. 15TH STREET**
CITY-STATE-ZIP **OCALA FL 34474**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Hall, M.D., Douglas**
3.3 STREET ADDRESS **2600 SE 17th St., Suite B**
3.4 CITY-STATE-ZIP **Ocala, FL 34471**

TITLE **D** ☐ DELETE
NAME **MITCHELL, DYER T**
STREET ADDRESS **131 S.W. 15TH STREET**
CITY-STATE-ZIP **OCALA FL 34474**

4.1 TITLE **VC** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE **D** ☒ DELETE
NAME **MURPHY, DOUGLAS JR.**
STREET ADDRESS **1500 S.E. 17TH STREET**
CITY-STATE-ZIP **OCALA**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Overcash, M.D., Todd**
5.3 STREET ADDRESS **2965 SE 3rd Court**
5.4 CITY-STATE-ZIP **Ocala, FL 34471**

TITLE **D** ☐ DELETE
NAME **MUTARELLI, RICHARD D**
STREET ADDRESS **131 S.W. 15TH STREET**
CITY-STATE-ZIP **OCALA FL 34474**

6.1 TITLE **T** ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Richard D. Mutarelli

2/6/96

(904) 351-7327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard D. Mutarelli, VP/Finance & CFO

Date

Daytime Phone #

CR2E037 (12/95)