

FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005471 (7)**

1. Corporation Name

**MUNROE REGIONAL MEDICAL CENTER PHYSICIAN-HOSPITAL ORGANIZATION, INC.**



Principal Place of Business <b>ATTN: DYER T. MICHELL 131 SW 15TH STREET OCALA FL 34474</b>		Mailing Address <b>ATTN: DYER T. MICHELL 131 SW 15TH STREET OCALA FL 34474-4029</b>	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>11/04/1994</b>	3a. Date of Last Report <b>02/14/1996</b>
21	26	4. FEI Number <b>59-3315801</b>	Applied For <input type="checkbox"/> Not Applicable
22	27	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	25	29	30
24	25	29	30

9. Name and Address of Current Registered Agent <b>MUTARELLI, RICHARD D 131 SW 15 STREET OCALA FL 34474</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAINGER, M D CHRISTO</b>	1.2 NAME	
STREET ADDRESS	<b>1805 SE LAKE WEIR AVENUE, # 103</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL</b>	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FULLER, M D THOMAS</b>	2.2 NAME	
STREET ADDRESS	<b>2980 SE 3RD COURT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL</b>	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALL, M D DOUGLAS</b>	3.2 NAME	
STREET ADDRESS	<b>2800 SE 17TH STREET, SUITE B</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MITCHELL, DYER T</b>	4.2 NAME	
STREET ADDRESS	<b>131 S.W. 15TH STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL 34474</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OVERCASH, M D TODD</b>	5.2 NAME	
STREET ADDRESS	<b>2985 SE 3RD COURT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL</b>	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUTARELLI, RICHARD D</b>	6.2 NAME	
STREET ADDRESS	<b>131 S.W. 15TH STREET</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL</b>	6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)