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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000005471**

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

11/04/1994

4. FEI Number

59-3315801

Applied For  
Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **C** ☒ DELETE  
NAME **GRAINGER, M D CHRISTO**  
STREET ADDRESS **1805 SE LAKE WEIR AVENUE, # 103**  
CITY-ST-ZIP **OCALA FL**

TITLE **S** ☐ DELETE  
NAME **FULLER, M D THOMAS**  
STREET ADDRESS **2980 SE 3RD COURT**  
CITY-ST-ZIP **OCALA FL**

TITLE **D** ☐ DELETE  
NAME **HALL, M D DOUGLAS**  
STREET ADDRESS **2600 SE 17TH STREET, SUITE B**  
CITY-ST-ZIP **OCALA FL**

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

TITLE **D** ☒ DELETE  
NAME **OVERCASH, M D TODD**  
STREET ADDRESS **2965 SE 3RD COURT**  
CITY-ST-ZIP **OCALA FL**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **C** ☒ Change ☐ Addition  
1.2 NAME **Yap, M.D;Mark**  
1.3 STREET ADDRESS **P.O. Box 6200**  
1.4 CITY-ST-ZIP **Ocala, FL 34478**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **Michell, Dyer T.**  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME **Grainger, M.D. Christo**  
5.3 STREET ADDRESS **1805 SE Lake Weir Avenue, #103**  
5.4 CITY-ST-ZIP **Ocala, FL 34471**

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP **34471**

14. 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 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, with all other like empowered.

SIGNATURE:

*Richard D. Mutarelli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard D. Mutarelli  
Sr. VP/CFD 3/9/99 (352) 351-7327

Date

Daytime Phone #

CR2E037 (1/98)