

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000005471**

1. Entity Name

MUNROE REGIONAL MEDICAL CENTER PHYSICIAN-HOSPITA**FILED****Mar 04, 2000 8:00 am**
Secretary of State

03-04-2000 90051 047 ****70.00

Principal Place of Business

Mailing Address

ATTN: DYER T. MICHELL
131 SW 15TH STREET
OCALA FL 34474ATTN: DYER T. MICHELL
131 SW 15TH STREET
OCALA FL 34474-4029

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3315801

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUTARELLI, RICHARD D
131 SW 15 STREET
OCALA FL 34474

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES ARE \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
YAP, MARK
PO BOX 6200
OCALA FL 34478 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
FULLER, M D THOMAS
2980 SE 3RD COURT
OCALA FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HALL, M D DOUGLAS
2600 SE 17TH STREET, SUITE B
OCALA FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DYER, MICHELL T
131 S.W. 15TH STREET
OCALA FL 34474 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GRAINGER, CHRISTO
1805 SE LAKE WEIR AVE 103
OCALA FL 34471 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
MUTARELLI, RICHARD D
131 S.W. 15TH STREET
OCALA FL 34471 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Richard D. Mutarelli

SIGNATURE:

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

Sr. VP/CFO

2/9/00 (352) 351-7327

Date

Daytime Phone #

CR2E037 (9/99)