

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2001 8:00 am**  
**Secretary of State**

01-27-2001 90083 026 \*\*\*\*70.00

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**DOCUMENT # N94000005471**

1. Entity Name

**MUNROE REGIONAL MEDICAL CENTER PHYSICIAN-HOSPITA**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3315801**

Applied For

Not Applicable

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:**  
**FEE IS \$61.25**

9. 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	<b>C</b> <b>YAP, MARK</b> <b>PO BOX 6200</b> <b>OCALA FL 34478</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>FULLER, M D THOMAS</b> <b>2980 SE 3RD COURT</b> <b>OCALA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HALL, M D DOUGLAS</b> <b>2600 SE 17TH STREET, SUITE B</b> <b>OCALA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DYER, MICHELL T</b> <b>131 S.W. 15TH STREET</b> <b>OCALA FL 34474</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GRAINGER, CHRISTO</b> <b>1805 SE LAKE WEIR AVE 103</b> <b>OCALA FL 34471</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MUTARELLI, RICHARD D</b> <b>131 S.W. 15TH STREET</b> <b>OCALA FL 34471</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

*Richard D. Mutarelli*  
**Richard D. Mutarelli**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/01

(352) 351-7327

Daytime Phone #

CR2E037 (10/00)