

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005471

FILED
Feb 19, 2004
Secretary of State**Entity Name:** MUNROE REGIONAL MEDICAL CENTER PHYSICIAN-HOSPITAL ORGANIZATION, INC.**Current Principal Place of Business:**ATTN: DYER T. MICHELL
131 SW 15TH STREET
OCALA, FL 34474**New Principal Place of Business:**ATTN: DYER T. MICHELL
1500 SW 15TH AVENUE
OCALA, FL 34474 US**Current Mailing Address:**ATTN: DYER T. MICHELL
131 SW 15TH STREET
OCALA, FL 34474**New Mailing Address:**ATTN: DYER T. MICHELL
1500 SW 15TH AVENUE
OCALA, FL 34474**FEI Number:** 59-3315801**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**MUTARELLI, RICHARD D
131 SW 15 STREET
OCALA, FL 34474 US**Name and Address of New Registered Agent:**MUTARELLI, RICHARD D
1500 SW 15TH AVENUE
OCALA, FL 34474 US

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: RICHARD D. MUTARELLI

02/19/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: C () Delete
Name: YAP, MARK
Address: PO BOX 6200
City-St-Zip: OCALA, FL 34478Title: S () Delete
Name: FULLER, M D THOMAS
Address: 2980 SE 3RD COURT
City-St-Zip: OCALA, FLTitle: D () Delete
Name: HALL, M D DOUGLAS
Address: 2600 SE 17TH STREET, SUITE B
City-St-Zip: OCALA, FLTitle: D () Delete
Name: DYER, MICHELL T
Address: 131 S.W. 15TH STREET
City-St-Zip: OCALA, FL 34474Title: D () Delete
Name: GRAINGER, CHRISTO
Address: 1805 SE LAKE WEIR AVE 103
City-St-Zip: OCALA, FL 34471Title: T () Delete
Name: MUTARELLI, RICHARD D CFO
Address: 131 S.W. 15TH STREET
City-St-Zip: OCALA, FL 34471**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: C (X) Change () Addition
Name: YAP, MARK
Address: PO BOX 6200
City-St-Zip: OCALA, FL 34478 USTitle: S (X) Change () Addition
Name: FULLER, M D THOMAS
Address: 2980 SE 3RD COURT
City-St-Zip: OCALA, FL 34471 USTitle: D (X) Change () Addition
Name: HALL, DOUGLAS C MD
Address: 2600 SE 17TH STREET, SUITE B
City-St-Zip: OCALA, FL 34471 USTitle: D (X) Change () Addition
Name: DYER, MICHELL T
Address: 1500 SW 15TH AVENUE
City-St-Zip: OCALA, FL 34474 USTitle: D (X) Change () Addition
Name: GRAINGER, CHRISTO MD
Address: 1805 SE LAKE WEIR AVE 103
City-St-Zip: OCALA, FL 34471 USTitle: T (X) Change () Addition
Name: MUTARELLI, RICHARD D CFO
Address: 1500 SW 15TH AVENUE
City-St-Zip: OCALA, FL 34474 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD D. MUTARELLI

CFO

02/19/2004

Electronic Signature of Signing Officer or Director

Date