

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N94000005471

FILED  
Feb 05, 2003  
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:

## Current Mailing Address:

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

## New Mailing Address:

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:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: YAP, MARK  
Address: PO BOX 6200  
City-St-Zip: OCALA, FL 34478

Title: S ( ) Delete  
Name: FULLER, M D THOMAS  
Address: 2980 SE 3RD COURT  
City-St-Zip: OCALA, FL

Title: D ( ) Delete  
Name: HALL, M D DOUGLAS  
Address: 2600 SE 17TH STREET, SUITE B  
City-St-Zip: OCALA, FL

Title: D ( ) Delete  
Name: DYER, MICHELL T  
Address: 131 S.W. 15TH STREET  
City-St-Zip: OCALA, FL 34474

Title: D ( ) Delete  
Name: GRAINGER, CHRISTO  
Address: 1805 SE LAKE WEIR AVE 103  
City-St-Zip: OCALA, FL 34471

Title: T ( ) Delete  
Name: MUTARELLI, RICHARD D  
Address: 131 S.W. 15TH STREET  
City-St-Zip: OCALA, FL 34471

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: MUTARELLI, RICHARD D CFO  
Address: 131 S.W. 15TH STREET  
City-St-Zip: OCALA, FL 34471

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

02/05/2003

Electronic Signature of Signing Officer or Director

Date