2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000016793

Entity Name: MUNROE HEALTH VENTURES, INC.

FILED Jan 27, 2009 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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C/O RICH MUTARELLI, EVP/CFO
1500 SW 1ST AVENUE

OCALA, FL 34471

C/O RICHARD D. MUTARELLI, EVP/CFO
1500 SW 1ST AVENUE
OCALA, FL 34471

OCALA, FL 34471

Current Mailing Address: New Mailing Address:

C/O RICH MUTARELLI, EVP/CFO
PO BOX 6000
OCALA, FL 34478

C/O RICHARD D. MUTARELLI, EVP/CFO
PO BOX 6000
OCALA, FL 34478

FEI Number: 32-0235517 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BOYLES, WILLIAM A ESQ MUTARELLI, RICHARD D 301 EAST PINE STREET 1500 SW 1ST AVENUE SUITE 1400 OCALA, FL 34471 US ORLANDO, FL 32801 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 01/27/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: DCFO () Change (X) Addition PURVES, STEPHEN A Name: Name: 1500 SW 1ST AVENUE Address: Address: City-St-Zip: City-St-Zip: OCALA, FL 34471 Title: () Delete Title: DCFO () Change (X) Addition

 Name:
 Name:
 MUTARELLI, RICHARD D

 Address:
 Address:
 1500 SW 1ST AVENUE

 City-St-Zip:
 City-St-Zip:
 OCALA, FL 34471

Title: D () Change (X) Addition

 Name:
 Name:
 KOCH, CHARLES P

 Address:
 Address:
 3351 NW 165TH STREET

 City-St-Zip:
 City-St-Zip:
 CITRA, FL 32113

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 607, 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 01/27/2009