

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000016793

FILED
Apr 12, 2011
Secretary of State

Entity Name: MUNROE HEALTH VENTURES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 32-0235517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MUTARELLI, RICHARD D
1500 SW 1ST AVENUE
OCALA, FL 34471 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: DCEO
Name: PURVES, STEPHEN A
Address: 1500 SW 1ST AVENUE
City-St-Zip: Ocala, FL 34471

Title: DCFO
Name: MUTARELLI, RICHARD D
Address: 1500 SW 1ST AVENUE
City-St-Zip: Ocala, FL 34471

Title: D
Name: KOCH, CHARLES P
Address: 3351 NW 165TH STREET
City-St-Zip: CITRA, FL 32113

I hereby 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 all other like empowered.

SIGNATURE: RICHARD D. MUTARELLI

CFO

04/12/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date