

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000016793

**FILED**  
**Apr 18, 2012**  
**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

DCFO

04/18/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date