

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713648 (4)
1. Corporation Name
MARTIN MEMORIAL MEDICAL CENTER, INC.



Principal Place of Business: 301 HOSPITAL AVE, STUART FL 34994, US
Mailing Address: P.O. BOX 9010, STUART FL 34995-9010, US

3. Date Incorporated or Qualified: 11/17/1967
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
22. Suite, Apt. #, etc.
27. Suite, Apt. #, etc.
23. City & State
28. City & State
24. Zip
25. Country
29. Zip
30. Country

4. FEI Number: 59-0637874
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: HARMAN, RICHMOND M., 301 HOSPITAL AVE, STUART FL 34994
10. Name and Address of New Registered Agent (81-85)
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CD	HORTON, MARY-JO 2626 SW EGRET POND CIR. PALM CITY FL	1.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	WOODRUFF, ALAN J 3990 JOE'S POINT ROAD STUART FL 34996	2.1 TITLE: VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD	HARMAN, RICHMOND M. 301 HOSPITAL AVE STUART, FL 34994	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: TD	SWIFT, GEORGE 2363 E. OCEAN BLVD. STUART FL 34996	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	800001810278 -05/07/96--01010--050 ***628.75
TITLE: VCD	VAN TILBURG, WILLIAM 6353 CANTERBURY LANE STUART FL	5.1 TITLE: SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD	BOUGHNER, LEE 1918 SW CRANE CREEK AVENUE PALM CITY FL 34990	6.1 TITLE: CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *R. M. M.* (407) 287-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Richmond M. Mortham
Date: 4/30/96 Daytime Phone #

CR2E037 (12/95)