

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 713648 (4)**

1. Corporation Name  
**MARTIN MEMORIAL MEDICAL CENTER, INC.**



Principal Place of Business <b>301 HOSPITAL AVE STUART FL 34994 US</b>	Mailing Address <b>P.O. BOX 9010 STUART FL 34995-9010 US</b>
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3. Date Incorporated or Qualified <b>11/17/1967</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-0637874</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country
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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. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HORTON, MARY-JO</b>	
STREET ADDRESS	<b>2628 SW EGRET POND CIR.</b>	
CITY-ST-ZIP	<b>PALM CITY FL</b>	
TITLE	<b>VC</b>	<input type="checkbox"/> DELETE
NAME	<b>WOODRUFF, ALAN J</b>	
STREET ADDRESS	<b>3990 JOE'S POINT ROAD</b>	
CITY-ST-ZIP	<b>STUART FL 34996</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>HARMAN, RICHMOND M.</b>	
STREET ADDRESS	<b>301 HOSPITAL AVE</b>	
CITY-ST-ZIP	<b>STUART, FL 34994</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>SWIFT, GEORGE</b>	
STREET ADDRESS	<b>2363 E. OCEAN BLVD.</b>	
CITY-ST-ZIP	<b>STUART FL 34996</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>SHANK, CALVIN</b>	
STREET ADDRESS	<b>5182 BRANDYWINE WAY</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>BOUGHNER, LEE</b>	
STREET ADDRESS	<b>1918 SW CRANE CREEK AVENUE</b>	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **DRM** REQUIRED

CR2E037 (9/96)