

FILE NOW: FILING FEE IS \$61.25

FILED
May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 301 HOSPITAL AVE STUART FL 34994 US	Mailing Address P.O. BOX 9010 STUART FL 34995-9010 US
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3. Date Incorporated or Qualified
11/17/1967

4. FEI Number 59-0637874	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
Country 25	Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 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 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 617.1506, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HORTON, MARY-JO		1.2 NAME	
STREET ADDRESS 2626 SW EGRET POND CIR.		1.3 STREET ADDRESS	
CITY - ST - ZIP PALM CITY FL		1.4 CITY - ST - ZIP	
TITLE VC	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WOODRUFF, ALAN J		2.2 NAME	
STREET ADDRESS 3090 JOE'S POINT ROAD		2.3 STREET ADDRESS	
CITY - ST - ZIP STUART FL 34998		2.4 CITY - ST - ZIP	
TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARMAN, RICHMOND M.		3.2 NAME	
STREET ADDRESS 301 HOSPITAL AVE		3.3 STREET ADDRESS	
CITY - ST - ZIP STUART, FL 34994		3.4 CITY - ST - ZIP	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SWIFT, GEORGE		4.2 NAME	
STREET ADDRESS 2363 E. OCEAN BLVD.		4.3 STREET ADDRESS	
CITY - ST - ZIP STUART FL 34998		4.4 CITY - ST - ZIP	
TITLE SD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHANK, CALVIN		5.2 NAME	
STREET ADDRESS 5182 BRANDYWINE WAY		5.3 STREET ADDRESS	
CITY - ST - ZIP STUART FL 34997		5.4 CITY - ST - ZIP	
TITLE CD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOUGHNER, LEE		6.2 NAME	
STREET ADDRESS 1918 SW CRANE CREEK AVENUE		6.3 STREET ADDRESS	
CITY - ST - ZIP PALM CITY FL 34960		6.4 CITY - ST - ZIP	

14. I 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: *Sandra B. Mortham* **SECRETARY OF STATE**

CR2E037 (10/97)