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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 713648

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/17/1967
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0637874
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		

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	
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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 D NAME HORTON, MARY-JO STREET ADDRESS 2626 SW EGRET POND CIR. CITY-ST-ZIP PALM CITY FL	<input type="checkbox"/> DELETE	1.1 TITLE VCD 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VC NAME WOODRUFF, ALAN J STREET ADDRESS 3990 JOE'S POINT ROAD CITY-ST-ZIP STUART FL 34996	<input type="checkbox"/> DELETE	2.1 TITLE CD 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME HARMAN, RICHMOND M. STREET ADDRESS 301 HOSPITAL AVE CITY-ST-ZIP STUART, FL 34994	<input type="checkbox"/> DELETE	3.1 TITLE D 3.2 NAME Clouser, J. Kenton 3.3 STREET ADDRESS 433 E Ocean Blvd. #A 3.4 CITY-ST-ZIP Stuart, FL 34994	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME SWIFT, GEORGE STREET ADDRESS 2363 E. OCEAN BLVD. CITY-ST-ZIP STUART FL 34996	<input type="checkbox"/> DELETE	4.1 TITLE 3.5 4.2 NAME 4.3 STREET ADDRESS 800 SE Monterey Blvd. Suite 102 4.4 CITY-ST-ZIP Stuart, FL 34996	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME SHANK, CALVIN STREET ADDRESS 5182 BRANDYWINE WAY CITY-ST-ZIP STUART FL 34997	<input type="checkbox"/> DELETE	5.1 TITLE D 5.2 NAME Dennison, Dan 5.3 STREET ADDRESS 411 East Osceola Street 5.4 CITY-ST-ZIP Stuart, FL 34994	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE CD NAME BOUGHNER, LEE STREET ADDRESS 1918 SW CRANE CREEK AVENUE CITY-ST-ZIP PALM CITY FL 34990	<input type="checkbox"/> DELETE	6.1 TITLE D 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: R. SIGNATURE REQUIRED 4/28/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)

475622 96017-35
713648

Martin Memorial Medical Center, Inc.

Additional Officers and Directors

D
Hodgson, David
2301 SW Monterey Road
Stuart, FL 34996

D
Jacobson, Dan G.
432 SE Osceola Street
Stuart, FL 34994

D
Miraglia, Vincent
633 E 5th Street
Stuart, FL 34994

D
Monroe, Marian B.
3435 S.E. Court Drive
Stuart, FL 34997

D
Rittersbach, George
835 E. Osceola Street #A
Stuart, FL 34994

D
Robbins, Howard M.
1100 East Ocean Boulevard
Stuart, FL 34996

D
Stone, Lowell S.
1507-Sawgrass Way
Palm City, FL 34990

D
Wilkinson, Tom
301 Hospital Ave.
Stuart, FL 34994

D
Creech, Jill
203 W 3rd Street
Stuart, FL 34994