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**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90017 035 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/17/1967	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0637874	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	VCD <input checked="" 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	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODRUFF, ALAN J	2.2 NAME	
STREET ADDRESS	3990 JOE'S POINT ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34996	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARMAN, RICHMOND M.	3.2 NAME	Clouser, J. Kenton
STREET ADDRESS	301 HOSPITAL AVE	3.3 STREET ADDRESS	433 E Ocean Blvd. #A
CITY-ST-ZIP	STUART, FL 34994	3.4 CITY-ST-ZIP	Stuart, FL 34994
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWIFT, GEORGE	4.2 NAME	
STREET ADDRESS	2363 E. OCEAN BLVD.	4.3 STREET ADDRESS	800 SE Monterey Blvd. Suite 102
CITY-ST-ZIP	STUART FL 34996	4.4 CITY-ST-ZIP	Stuart, FL 34996
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHANK, CALVIN	5.2 NAME	Dennison, Dan
STREET ADDRESS	5182 BRANDYWINE WAY	5.3 STREET ADDRESS	411 East Osceola Street
CITY-ST-ZIP	STUART FL 34997	5.4 CITY-ST-ZIP	Stuart, FL 34994
TITLE	CD <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" 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 34990	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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

Martin Memorial Medical Center, Inc.

Additional Officers and Directors

475622 96017-35  
713648

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