

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713648

1. Entity Name

MARTIN MEMORIAL MEDICAL CENTER, INC.

**FILED**  
**May 20, 2000 8:00 am**  
**Secretary of State**

05-20-2000 90002 044 \*\*\*\*61.25

Principal Place of Business

Mailing Address

301 HOSPITAL AVE  
STUART FL 34994  
US

P.O. BOX 9010  
STUART FL 34995-9010  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0637874

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARMAN, RICHMOND M.  
301 HOSPITAL AVE  
STUART FL 34994

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VCD	<input type="checkbox"/> Delete
NAME	HORTON, MARY JO	
STREET ADDRESS	2626 SW EGRET POND CIR.	
CITY-ST-ZIP	PALM CITY FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	WOODRUFF, ALAN J	
STREET ADDRESS	3990 JOE'S POINT ROAD	
CITY-ST-ZIP	STUART FL 34996	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HARMAN, RICHMOND M.	
STREET ADDRESS	301 HOSPITAL AVE	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SWIFT, GEORGE	
STREET ADDRESS	800 SE MONTEREY BLVD STE 102	
CITY-ST-ZIP	STUART FL 34996	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHANK, CALVIN	
STREET ADDRESS	5182 BRANDYWINE WAY	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOUGHNER, LEE	
STREET ADDRESS	1918 SW CRANE CREEK AVENUE	
CITY-ST-ZIP	PALM CITY FL 34990	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Horton, Mary Jo	
STREET ADDRESS	2626 SW Egret Pond Cir.	
CITY-ST-ZIP	Palm City, FL. 34990	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Collins, Evan MD	
STREET ADDRESS	3498 NW Federal Hwy	
CITY-ST-ZIP	Jensen Beach, FL. 34957	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Creech, Jill- Creech Engineers	
STREET ADDRESS	203 W. 3rd Street	
CITY-ST-ZIP	Stuart, FL. 34994	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dennison, Dan MD	
STREET ADDRESS	411 E. Osceola St.	
CITY-ST-ZIP	Stuart, FL. 34994	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hodgson, David	
STREET ADDRESS	Merrill Lynch	
CITY-ST-ZIP	1850 Fountainview Blvd Port St. Lucie, FL. 34986	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEE ATTACHMENT FOR ADDL MEMBERS	
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*R.M. Harman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.M. Harman

4/22/2000 (561) 287-5200

Date

Daytime Phone #

CR2E037 (9/99)

ATTACHEMENT

DA 713648  
00051257

MARTIN MEMORIAL MEDICAL CENTER - ADDITIONAL MEMBERS

SD  
MALDONADO, CARLOS MD  
421 E. OSCEOLA STREET  
STUART, FL. 34994

D  
MIRAGLIA, VINCENT MD  
633 E. 5TH STREET  
STUART, FL. 34994

D  
MONROE, MARIAN B.  
3435 SE COURT DRIVE  
STUART, FL. 34997

D  
RITTERSBACH, GEORGE MD  
835 E. OSCEOLA STREET #A  
STUART, FL. 34994

D  
POWERS, BRIAN  
P.O. BOX 8  
INDIANTOWN, FL. 34956

D  
STONE, DR. LOWELL S.  
1507 SAWGRASS WAY  
PALM CITY, FL. 34990

D  
WILKINSON, TOM  
FIRST NATIONAL BANK  
P.O. BOX 9012  
STUART, FL. 34995

D  
CLOUSER, J. KENTON MD  
433 E. OCEAN BLVD, #A  
STUART, FL. 34994