

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90215 039 \*\*\*\*61.25

**DOCUMENT # 713648**

1. Entity 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

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** ☐ Delete  
 NAME **HORTON, MARY-JO**  
 STREET ADDRESS **2626 SW EGRET POND CIR.**  
 CITY-ST-ZIP **PALM CITY FL**

TITLE **D** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **CD** ☒ Delete  
 NAME **WOODRUFF, ALAN J**  
 STREET ADDRESS **3990 JOE'S POINT ROAD**  
 CITY-ST-ZIP **STUART FL 34996**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Clouser, J. Kenton, MD**  
 STREET ADDRESS **433 E. Ocean Blvd # A**  
 CITY-ST-ZIP **Stuart, FL 34994**

TITLE **PD** ☐ Delete  
 NAME **HARMAN, RICHMOND M.**  
 STREET ADDRESS **301 HOSPITAL AVE**  
 CITY-ST-ZIP **STUART, FL 34994**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Collins, Evan, MD**  
 STREET ADDRESS **3498 NW Federal Hwy**  
 CITY-ST-ZIP **Jensen Beach, FL 34952**

TITLE **TD** ☐ Delete  
 NAME **SWIFT, GEORGE**  
 STREET ADDRESS **800 SE MONTEREY BLVD STE 102**  
 CITY-ST-ZIP **STUART FL 34996**

TITLE **VCD** ☐ Change ☒ Addition  
 NAME **Creech, Jill**  
 STREET ADDRESS **203 W 3rd Street**  
 CITY-ST-ZIP **Stuart, FL 34994**

TITLE **CD** ☐ Delete  
 NAME **SHANK, CALVIN**  
 STREET ADDRESS **5182 BRANDYWINE WAY**  
 CITY-ST-ZIP **STUART FL 34997**

TITLE **DC** ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **BOUGHNER, LEE**  
 STREET ADDRESS **1918 SW CRANE CREEK AVENUE**  
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Hodgson, David**  
 STREET ADDRESS **1850 Fountainview Blvd.**  
 CITY-ST-ZIP **Port St. Lucie, FL 34986**

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.

**Richmond M. Harman**

SIGNATURE:

*(Signature)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/2001 (561) 287-5200**

Date Daytime Phone #

CR2E037 (10/00)

Attachment # 713648  
765862

# 713648

MARTIN MEMORIAL MEDICAL CENTER, INC.

ADDITIONAL OFFICERS AND DIRECTORS

D  
BAKER, MIRIAM  
162 SE ST LUCIE BLVD. B-304  
STUART, FL 34996

D  
Larry Barnhorst  
5946 Congressional Place  
Stuart, FL 34997

D  
CRIBB, REMBERT  
1001 US 1 Suite 206  
Jupiter, FL 33477

D  
Dan Dennison, M.D.  
501 E. Osceola Street  
Suite 301  
Stuart, FL 34994

D  
LEWIS, J.D., III  
1115 E. OCEAN BLVD.  
STUART, FL 34996

SD  
MALDONADO, CARLOS MD  
421 E. OSCEOLA STREET  
STUART, FL 24994

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

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

D  
DEVANG, PATEL  
1001 E. OCEAN BLVD. SUITE 103  
STUART, 33496

D  
POWERS, BRIAN  
16600 SW WARFIELD BLVD.  
INDIANTOWN, FL 34958

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