

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90029 022 \*\*\*\*61.25

**DOCUMENT # 713648**

1. Entity Name

**MARTIN MEMORIAL MEDICAL CENTER, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>301 HOSPITAL AVE<br/>STUART FL 34994<br/>US</b> | Mailing Address<br><b>P.O. BOX 9010<br/>STUART FL 34995-9010<br/>US</b> |
|---|---|

|                                |                     |     |         |
|--------------------------------|---------------------|-----|---------|
| 2. Principal Place of Business | 3. Mailing Address  |     |         |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |     |         |
| City & State                   | City & State        |     |         |
| Zip                            | Country             | Zip | Country |



DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 4. FEI Number<br><b>59-0637874</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent   |  | 7. Name and Address of New Registered Agent        |  |
| Name<br><b>HARMAN, RICHMOND M.</b>  |  | Name   |  |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>301 HOSPITAL AVE<br/>STUART FL 34994</b> |  | Street Address (P.O. Box Number is Not Acceptable) |  |
| City<br><b>FL</b>   |  | City   |  |
| Zip Code  |  | 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 \_\_\_\_\_

|                                 |  |                                    |  |
|---------------------------------|--|------------------------------------|--|
| <b>FILE NOW: FEE IS \$61.25</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Department of State</b> |
|---------------------------------|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>HORTON, MARY-JO</b><br><b>2626 SW EGRET POND CIR.</b><br><b>PALM CITY FL</b> <input type="checkbox"/> Delete                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>CLOUSER, J. KENTON MD</b><br><b>433 E OCEAN BLVD. #A</b><br><b>STUART FL 34994</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>HARMAN, RICHMOND M.</b><br><b>301 HOSPITAL AVE</b><br><b>STUART, FL 34994</b> <input type="checkbox"/> Delete                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD</b><br><b>SWIFT, GEORGE</b><br><b>800 SE MONTEREY BLVD STE 102</b><br><b>STUART FL 34996</b> <input type="checkbox"/> Delete           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CD</b><br><b>SHANK, CALVIN</b><br><b>5182 BRANDYWINE WAY</b><br><b>STUART FL 34997</b> <input type="checkbox"/> Delete                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>BOUGHNER, LEE</b><br><b>1918 SW CRANE CREEK AVENUE</b><br><b>PALM CITY FL 34990</b> <input type="checkbox"/> Delete           |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b><br><b>BARNHORST, LARRY</b><br><b>5946 CONGRESS PLACE</b><br><b>STUART, FL 34997</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b><br><b>BAKER, MIRIAM</b><br><b>162 SE ST LUCIE BLVD B-304</b><br><b>STUART, FL 34996</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b><br><b>COLLINS, EVAN MD=</b><br><b>3498 NW FEDERAL HWY</b><br><b>JENSEN BEACH, FL 34957</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>DVC</b><br><b>CRIBB, REMBERT T</b><br><b>1001 US HWY 1 SUITE 206</b><br><b>JUPITER, FL 33477</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b><br><b>DENNISON, DAN</b><br><b>501 EAST OSCEOLA STREET SUITE 301</b><br><b>STUART, FL 34994</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b><br><b>HODGSON, DAVID</b><br><b>5025 SW MEL ROSE COURT</b><br><b>PALM CITY, FL 34990</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |

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: *[Signature]* **PROLOGED** 4/24/2002  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)

# ATTACHMENT

**DOCUMENT # 713648**

MARTIN MEMORIAL MEDICAL CENTER, INC.

## ADDITIONAL OFFICERS AND DIRECTORS

713648

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  
PORTER, WILLIAM  
6737 SE MARINA WAY  
STUART, FL 34996

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

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

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