


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90166 032 ****61.25

DOCUMENT # 713648
 1. Entity Name
MARTIN MEMORIAL MEDICAL CENTER, INC.



90003700



04042006 Chg-NP CR2E037 (11/05)

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 <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HARMAN, RICHMOND M.
 301 HOSPITAL AVE
 STUART, FL 34994

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HORTON, MARY-JO	
STREET ADDRESS	2626 SW EGRET POND CIR.	
CITY-ST-ZIP	PALM CITY, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARLSON, WILLIAM E MD	
STREET ADDRESS	1050 SE MONTEREY RD SUITE 206	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HARMAN, RICHMOND M.	
STREET ADDRESS	301 HOSPITAL AVE	
CITY-ST-ZIP	STUART, FL, 34994	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SWIFT, GEORGE	
STREET ADDRESS	800 SE MONTEREY BLVD STE 102	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHANK, CALVIN	
STREET ADDRESS	6764 SE PACIFIC DRIVE	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOUGHNER, LEE	
STREET ADDRESS	712 E OCEAN BLVD	
CITY-ST-ZIP	STUART, FL 34994	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cribb, Rembert T	
STREET ADDRESS	301 Hospital Ave	
CITY-ST-ZIP	Stuart, FL 34994	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *RMM* RES/CEO 4/24/2006 772-287-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40085769

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MARTIN MEMORIAL MEDICAL CENTER, INC.

ADDITIONAL OFFICERS AND DIRECTORS

D
DENNISON, DAN M.D.
501 EAST OSCEOLA STREET SUITE 301
STUART, FL 34994

D
FASANO, JOHN MD
509 RIVERSIDE DRIVE #206
STUART, FL 34994

D
DENNY, DWIGHT
301 HOPITAL AVE.
STUART, FL 34994

D
KNIGHT, ALONZO
1688 SW THORNBERRY CIRCLE
PALM CITY, FL 34990

DT
LEHACH, GEORGE
4609 WATERFORD DRIVE
STUART, FL 34997

D
LEMKE, JOAN
301 HOPITAL AVE.
STUART, FL 34994

D
LEWIS, JD, III
1115 E OCEAN BLVD
STUART, FL 34996

D
MICHAUD, MARY MD
3498 NW FEDERAL HWY
JENSEN BEACH, FL 34957

ATTACHMENT

40085769

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ADDITIONAL OFFICERS AND DIRECTORS

D
McLAIN, GEORGE MD
421 E OSCEOLA STREET SUITE 3
STUART FL 34994

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

D
PORTER, WILLIAM
6737 SE MARINA WAY
STUART, FL 34996

VCD
RITTERSBACH, GEORGE M.D.
2221 SE OCEAN BLVD. #200
STUART, FL 34996

D
RODGERS, GERTRUDE L.
301 HOPITAL AVE.
STUART, FL 34994

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

D
ZIEGLER, JOHN JR
71 S RIVER ROAD
STUART, FL 34996