


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90098 016 \*\*\*\*61.25

<b>DOCUMENT # 713648</b> 1. Entity Name MARTIN MEMORIAL MEDICAL CENTER, INC.	
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40076611



Principal Place of Business 301 HOSPITAL AVE STUART, FL 34994 US	Mailing Address P.O. BOX 9010 STUART, FL 34995-9010 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04032007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-0637874		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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	
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HORTON, MARY-JO 2626 SW EGRET POND CIR. PALM CITY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Rittersbach, George MD 2221 SE Ocean Blvd #200 Stuart, FL 34996 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CRIBB, RAMBERT T 301 HOSPITAL AVE STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARMAN, RICHMOND M. 301 HOSPITAL AVE STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Denny, Dwight 2079 SW Balata Terrace Palm City, FL 34990 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHANK, CALVIN 6764 SE PACIFIC DRIVE STUART, FL 34997 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUGHNER, LEE 712 E OCEAN BLVD STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2007 772-787-5200  
Date Daytime Phone #

ATTACHMENT  
ATTACHMENT

40076611

DOCUMENT #713648

MARTIN MEMORIAL MEDICAL CENTER, INC.

ADDITIONAL OFFICERS AND DIRECTORS

D

CARLSON, WILLIAM MD  
1050 SE MONEREY RD STE 400  
STUART, FL 34994

D

CRANDALL, WILLIAM  
12782 MARINER COURT  
PALM CITY, FL 34990

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

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

DVC

LEHACH, GEORGE  
4609 WATERFORD DRIVE  
STUART, FL 34997

D

LEMKE, JOAN  
301 HOPITAL AVE.  
STUART, FL 34994

D

MCLAIN, GEORGE MD  
421 E OSCEOLA ST SUITE 3  
STUART, FL 34997

D

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

ATTACHMENT  
40076611

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MARTIN MEMORIAL MEDICAL CENTER, INC.

ADDITIONAL OFFICERS AND DIRECTORS

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

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