

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 713648

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Entity Name:** MARTIN MEMORIAL MEDICAL CENTER, INC.

**Current Principal Place of Business:**

301 HOSPITAL AVE  
STUART, FL 34994 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 9010  
STUART, FL 34995 US

**New Mailing Address:**

**FEI Number:** 59-0637874

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LORD, ROBERT L JR  
301 HOSPITAL AVE  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: S/D  
Name: HORTON, MARY-JO  
Address: 2626 SW EGRET POND CIR.  
City-St-Zip: PALM CITY, FL 34990 US

Title: C/D  
Name: LEHACH, GEORGE  
Address: 301 HOSPITAL AVE.  
City-St-Zip: STUART, FL 34994 US

Title: P/D  
Name: ROBITALLIE, MARK E  
Address: 301 HOSPITAL AVE  
City-St-Zip: STUART, FL 34994 US

Title: VC/D  
Name: DENNY, DWIGHT  
Address: 2079 SW BALATA TERRACE  
City-St-Zip: PALM CITY, FL 34990 US

Title: D  
Name: BOUGHNER, LEE  
Address: 712 E OCEAN BLVD  
City-St-Zip: STUART, FL 34994 US

Title: T/D  
Name: LOWENBERG, JOHN  
Address: 301 HOSPITAL AVE  
City-St-Zip: STUART, FL 34994 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARK E. ROBITAILLE

P/D

04/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date