

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90099 035 ****61.25

DOCUMENT # 766554

1. Entity Name
 Martin Memorial Health Systems, Inc.

2. Principal Place of Business
 300 Hospital Avenue
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 9010
 Suite, Apt. #, etc.

City & State
 Stuart, FL

City & State
 Stuart, FL

4. FEI Number
 59-2307522

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
Richmond M. Harman 300 Hospital Avenue Stuart, FL 34995				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Richmond M. Harman 300 Hospital Avenue Stuart, FL 34995 <input checked="" 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	C/D Alan J. Woodruff 3990 Joe's Point Road Stuart, FL 34996 <input checked="" 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	VC/D Calvin R. Shank 6764 SE Pacific Drive Stuart, FL 34997 <input checked="" 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	T/D George Swift 800 SE Monerey Commons Blvd. Suite 102 Stuart, FL 34996 <input checked="" 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	S/D Carlos Maldonado, M.D. 421 E. Osceola Street Stuart, FL 34994 <input checked="" 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	D Lee Boughner 1918 SW Crane Creek Avenue Palm City, FL 34990 <input checked="" type="checkbox"/> Change <input 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: *R.M. Harman* PROXEO R.M. Harman 4/27/00 (561)287-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

DOB 55766
PH 786554
Add HNN

MARTIN MEMORIAL HEALTH SYSTEM
2000 UNIFORM BUSINESS REPORT
LINE 11 CONTINUED

D
Mary-Jo Horton
2626 Egret Pond Circle
Palm City, FL 34990

D
Vincent Miranglia, M.D.
633 E. 5th Street
Stuart, FL 34994

D
James Pendergast
1520 SW Pendarvis Court
Palm City, FL 34990

D
George Rittersbach, M.D.
835 E. Osceola Street #A
Stuart, FL 34994