


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-23-2007 90098 015 \*\*\*\*61.25

<b>DOCUMENT # 766554</b>	
1. Entity Name <b>MARTIN MEMORIAL HEALTH SYSTEMS, INC.</b>	

Principal Place of Business <b>301 HOSPITAL AVE STUART, FL 34994</b>	Mailing Address <b>PO BOX 9010 STUART, FL 34995</b>
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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

**40076612**



04032007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-2307522</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HARMAN, RICHMOND M. 301 HOSPITAL AVE STUART, FL 34994</b>		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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</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 Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BARNHORST, LARRY 5946 CONGRESSIONAL PLACE STUART, FL 34997</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD Rittersbach, George MD 2221 SE Ocean Blvd # 200 Stuart, FL 34996</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD LEHACH, GEORGE 301 HOSPITAL AVE STUART, FL 34994</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD Lehach, George 301 Hospital Ave. Stuart, FL 34994</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SHANK, CALVIN R 6764 SE PACIFIC DRIVE STUART, FL</b> <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	<b>PD HARMAN, RICHMOND M. 301 HOSPITAL AVENUE STUART, FL</b> <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	<b>D PENDERGAST, JAMES 1520 SW PENDARVIS COURT PALM CITY, FL 34990</b> <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	<b>TD PENNY, DWIGHT 301 Hospital Ave STUART FL 34994</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 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:**  **4/12/2007 772-287-5200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT  
40076612

766554

MARTIN MEMORIAL HEALTH SYSTEMS, INC.

ADDITIONAL OFFICERS AND DIRECTORS

D

CARLSON, WILLIAM MD  
301 HOSPITAL AVE.  
STUART, FL 34994

D

CRIBB, REMBERT  
301 HOSPITAL AVE.  
STUART, FL 34994

D

FASANO, JOHN MD  
301 HOSPITAL AVE.  
STUART, FL 34994

SD

HORTON, MARY-JO  
301 HOSPITAL AVE.  
STUART, FL 34994

D

MIRAGLIA, VINCENT MD  
301 HOSPITAL AVE.  
STUART, FL 34994