

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 713648

**Entity Name:** MARTIN MEMORIAL MEDICAL CENTER, INC.**Current Principal Place of Business:**200 HOSPITAL AVE  
STUART, FL 34994**Current Mailing Address:**P.O. BOX 9010  
STUART, FL 34995 US**FEI Number:** 59-0637874**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WOSSUM, MARIAN  
200 HOSPITAL AVE  
STUART, FL 34994 US*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:** MARIAN WOSSUM

04/26/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, VC, TREASURER  
Name ORR, JAMES III  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name ROBITAILLE, MARK E  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

Title CHAIRMAN, DIRECTOR  
Name DENNY, DWIGHT  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

Title DIRECTOR, CHAIRMAN  
Name LOEWENBERG, JOHN  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name COLLINS, EVAN MD  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name DAYTON, PETER  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name FRANK, LYNN  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name GAGE, JOSEPH MD  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

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*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:** ROBERT L. LORD JR.

DIRECTOR

04/26/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GAINEY, ELMIRA  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name NOONAN, PATRICIA  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

Title ASST. SECRETARY, DIRECTOR  
Name LORD, ROBERT L JR.  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

Title GENERAL COUNSEL  
Name CRARY, LARRY ESQ.  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

Title PRESIDENT  
Name HOLLEY, DANIEL MD  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name MICHAUD, BILL  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name DOODY, JOHN  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name ROBBINS, HOWARD  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name PETRY, FERNANDO DO  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name HOUGHTEN, PAMELA  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name RITTERSBACH, GEORGE MD  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

Title ASST. TREASURER, DIRECTOR  
Name CLEAVER, CHARLES  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name HORTON, MARY JO  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

Title SECRETARY  
Name LICHTENBERGER, H. WILLIAM  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name BROWN, MICHAEL JR.  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name GLICKMAN, JEFFREY MD  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name FLIPPO, LIBBY  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994