

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713648

FILED
Apr 09, 2015
Secretary of State
CC7273394032

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:

LORD, ROBERT L JR.
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: ROBERT L. LORD JR.

04/09/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title DIRECTOR
Name DAY, JOSEPH
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

**CHIEF OPERATING
OFFICER**

04/09/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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 GAINNEY, 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 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 EVANS, MICHAEL
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

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 TREASURER
Name MONDELLO, JAMES
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