

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713648

Entity Name: MARTIN MEMORIAL MEDICAL CENTER, INC.**Current Principal Place of Business:**200 SE HOSPITAL AVENUE
STUART, FL 34994**Current Mailing Address:**200 SE HOSPITAL AVENUE
STUART, FL 34994 US**FEI Number:** 59-0637874**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** GENERAL COUNSEL AND ASSISTANT
SECRETARY**Name** DEL CASTILLO, BARBARA ESQ.**Address** 200 SE HOSPITAL AVENUE**City-State-Zip:** STUART FL 34994**Title** DIRECTOR**Name** MAROONE, MICHAEL E.**Address** 200 SE HOSPITAL AVENUE**City-State-Zip:** STUART FL 34994**Title** DIRECTOR**Name** SCOTT, HAROLD LEE JR.**Address** 200 SE HOSPITAL AVENUE**City-State-Zip:** STUART FL 34994**Title** ASSISTANT SECRETARY**Name** OBLANDER, R. JASON**Address** 200 SE HOSPITAL AVENUE**City-State-Zip:** STUART FL 34994**Title** DIRECTOR**Name** MIHALJEVIC, TOMISLAV M.D.**Address** 200 SE HOSPITAL AVENUE**City-State-Zip:** STUART FL 34994**Title** DIRECTOR**Name** PETRAS, MICHAEL B. JR.**Address** 200 SE HOSPITAL AVENUE**City-State-Zip:** STUART FL 34994**Title** DIRECTOR**Name** WEBER, ROBERT C. ESQ.**Address** 200 SE HOSPITAL AVENUE**City-State-Zip:** STUART FL 34994**Title** DIRECTOR**Name** MOONEY, BETH E.**Address** 200 SE HOSPITAL AVENUE**City-State-Zip:** STUART FL 34994**Continues on page 2**

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: BARBARA DEL CASTILLO ESQ.**GENERAL COUNSEL AND** 04/18/2024
ASSISTANT SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MACDONALD, WILLIAM E. III
Address 200 SE HOSPITAL AVENUE
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name RICH, ROBERT E. JR.
Address 200 SE HOSPITAL AVENUE
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name HAMMES, MICHAEL
Address 200 SE HOSPITAL AVENUE
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name LICHTENBERGER, WILLIAM
Address 200 SE HOSPITAL AVENUE
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name LANG, SEAN
Address 200 SE HOSPITAL AVENUE
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name RYAN, PATRICK JR.
Address 200 SE HOSPITAL AVENUE
City-State-Zip: STUART FL 34994

Title CFO, CCF AND TREASURER
Name LARAWAY, DENNIS
Address 200 SE HOSPITAL AVENUE
City-State-Zip: STUART FL 34994

Title CFO, FLORIDA
Name ROCHESTER, CHARMAINE DHA,CPA,FACH
Address 200 SE HOSPITAL AVENUE
City-State-Zip: STUART FL 34994

Title CHIEF OF OPERATIONS, FLORIDA
Name CATO, DAVID
Address 200 SE HOSPITAL AVENUE
City-State-Zip: STUART FL 34994

Title PRESIDENT
Name SINGH, RISHI M.D.
Address 200 SE HOSPITAL AVENUE
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name DELANEY, CONOR M.D., PH.D.
Address 200 SE HOSPITAL AVENUE
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Title DIRECTOR
Name IANNOTTI, JOSEPH M.D., PH.D.
Address 200 SE HOSPITAL AVENUE
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Title DIRECTOR
Name SALERNO, FREDERIC
Address 200 SE HOSPITAL AVENUE
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name WEBB, THEORA
Address 200 SE HOSPITAL AVENUE
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name MATTERA, VINCENT
Address 200 SE HOSPITAL AVENUE
City-State-Zip: STUART FL 34994

Title CHAIR, BOARD OF DIRECTORS
Name MAROONE, MICHAEL E.
Address 200 SE HOSPITAL AVENUE
City-State-Zip: STUART FL 34994

Title CHIEF ACCOUNTING OFFICER AND
CONTROLLER
Name LONGVILLE, TIMOTHY L.
Address 200 SE HOSPITAL AVENUE
City-State-Zip: STUART FL 34994

Title CHIEF OF OPERATIONS, CCF
Name PEACOCK, WILLIAM M. III
Address 200 SE HOSPITAL AVENUE
City-State-Zip: STUART FL 34994

Title SECRETARY
Name ROWAN, DAVID W.
Address 200 SE HOSPITAL AVENUE
City-State-Zip: STUART FL 34994