

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713648

FILED
Apr 24, 2019
Secretary of State
2356291432CC

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:

OFFICE OF THE GENERAL COUNSEL
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 LORD JR.

04/24/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR	Title	DIRECTOR, PRESIDENT
Name	SALERNO, FREDERIC	Name	LORD, ROBERT L JR.
Address	P.O. BOX 9010	Address	P.O. BOX 9010
City-State-Zip:	STUART FL 34995	City-State-Zip:	STUART FL 34995

Title	SECRETARY, DIRECTOR	Title	DIRECTOR
Name	LICHTENBERGER, H. WILLIAM	Name	WEBB, THEORA
Address	P.O. BOX 9010	Address	P.O. BOX 9010
City-State-Zip:	STUART FL 34995	City-State-Zip:	STUART FL 34995

Title	CHAIRMAN	Title	DIRECTOR, TREASURER
Name	MAROONE, MICHAEL	Name	GLASS, STEVEN C
Address	P.O. BOX 9010	Address	P.O. BOX 9010
City-State-Zip:	STUART FL 34995	City-State-Zip:	STUART FL 34995

Title	DIRECTOR	Title	DIRECTOR, SECRETARY
Name	LONGVILLE, TIMOTHY	Name	ROWAN, DAVID
Address	P.O. BOX 9010	Address	P.O. BOX 9010
City-State-Zip:	STUART FL 34995	City-State-Zip:	STUART FL 34995

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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 LORD JR

PRESIDENT

04/24/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR, ASST. SECRETARY
Name OBLANDER, JASON
Address P.O. BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR
Name BARSOUM, WAEL MD
Address P.O. BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR
Name MOONEY, BETH
Address P.O. BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR
Name PETRAS, MICHAEL
Address P.O. BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR
Name WEBER, ROBERT
Address P.O. BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR
Name IANNOTTI, JOSEPH MD
Address P.O. BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR
Name RICH, ROBERT E JR.
Address P.O. BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR
Name HOCKMEYER, WAYNE MD
Address P.O. BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR
Name MACDONALD, WILLIAM III
Address P.O. BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR
Name SCOTT, LEE
Address P.O. BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR
Name TOMISLAV, MIHALJECVIC MD
Address P.O. BOX 9010
City-State-Zip: STUART FL 34995