

**2019 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:**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

**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:** 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