

**2023 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:**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 DIRECTOR  
Name SALERNO, FREDERIC  
Address P.O. BOX 9010  
City-State-Zip: STUART FL 34995

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

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

Title CHAIRMAN, DIRECTOR  
Name MAROONE, MICHAEL  
Address 9500 EUCLID AVENUE  
MAIL CODE NA4  
City-State-Zip: CLEVELAND OH 44195

Title CHIEF ACCOUNTING OFFICER &  
CONTROLLER  
Name LONGVILLE, TIMOTHY  
Address 9500 EUCLID AVENUE  
MAIL CODE NA4  
City-State-Zip: CLEVELAND OH 44195

Title SECRETARY  
Name ROWAN, DAVID  
Address 9500 EUCLID AVENUE  
MAIL CODE NA4  
City-State-Zip: CLEVELAND OH 44195

Title ASST. SECRETARY  
Name OBLANDER, JASON  
Address 9500 EUCLID AVENUE  
MAIL CODE NA4  
City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR  
Name RICH, ROBERT E JR.  
Address 9500 EUCLID AVENUE  
MAIL CODE NA4  
City-State-Zip: CLEVELAND OH 44195

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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:** DAVID W. ROWAN

SECRETARY

01/06/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MOONEY, BETH  
Address 9500 EUCLID AVENUE  
MAIL CODE NA4  
City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR  
Name PETRAS, MICHAEL JR.  
Address 9500 EUCLID AVENUE  
MAIL CODE NA4  
City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR  
Name WEBER, ROBERT  
Address 9500 EUCLID AVENUE  
MAIL CODE NA4  
City-State-Zip: CLEVELAND OH 44195

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

Title ASST. TREASURER  
Name MOEHRING, MICHAEL  
Address PO BOX 9010  
City-State-Zip: STUART FL 34995

Title PRESIDENT, MARTIN NORTH AND MARTIN  
SOUTH  
Name SINGH, RISHI M.D.  
Address P.O. BOX 9010  
City-State-Zip: STUART FL 34995

Title CHIEF OF OPERATIONS, FLORIDA  
Name CATO, DAVID  
Address P.O. BOX 9010  
City-State-Zip: STUART FL 34995

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

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

Title INTERIM CHIEF FINANCIAL OFFICER, CCF AND  
TREASURER  
Name HELTON, ANTHONY  
Address 9500 EUCLID AVENUE  
NA4  
City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR  
Name MACDONALD, WILLIAM III  
Address 9500 EUCLID AVENUE  
MAIL CODE NA4  
City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR  
Name SCOTT, HAROLD LEE  
Address 9500 EUCLID AVENUE  
MAIL CODE NA4  
City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR  
Name TOMISLAV, MIHALJEVIC MD  
Address 9500 EUCLID AVENUE  
MAIL CODE NA4  
City-State-Zip: CLEVELAND OH 44195

Title ASST. SECRETARY  
Name DEL CASTILLO, BARBARA  
Address PO BOX 9010  
City-State-Zip: STUART FL 34995

Title CHIEF OF OPERATIONS, CCF  
Name PEACOCK, WILLIAM III  
Address P.O. BOX 9010  
City-State-Zip: STUART FL 34995

Title PRESIDENT, TRADITION HOSPITAL  
Name SASIDHAR, MADHU M.D.  
Address P.O. BOX 9010  
City-State-Zip: STUART FL 34995

Title DIRECTOR  
Name DELANEY, CONOR M.D.  
Address P.O. BOX 9010  
City-State-Zip: STUART FL 34995

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

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

Title CFO, FLORIDA  
Name ROCHESTER, CHARMAINE  
Address P.O. BOX 9010  
City-State-Zip: STUART FL 34995

