

**2017 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:**WOSSUM, MARIAN  
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:** MARIAN WOSSUM

04/06/2017

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 DIRECTOR, CHAIRMAN  
Name LOEWENBERG, JOHN  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

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

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 GAINEY, ELMIRA  
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 NOONAN, PATRICIA  
Address 200 HOSPITAL AVE  
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:** WOSSUM, MARIAN

CLO

04/06/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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 DIRECTOR  
Name HORTON, MARY JO  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

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

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

Title DIRECTOR  
Name MCLAIN, GEORGE DR.  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name WEAKLEY, TIFFANY DR.  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

Title CLO, DIRECTOR  
Name WOSSUM, MARIAN  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

Title 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 SECRETARY  
Name LICHTENBERGER, H. WILLIAM  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name GLICKMAN, JEFFREY MD  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name LEE NUNEZ, WYNNE DR.  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

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

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