

**2018 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:**THOMAS, RAMONA  
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:** RAMONA THOMAS

04/17/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, VC  
Name SALERNO, FREDERIC  
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 MD  
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

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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:** RAMONA THOMAS**ASSISTANT SECRETARY** 04/17/2018

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  
Name CLEAVER, CHARLES  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

Title SECRETARY, DIRECTOR  
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 MD  
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

Title DIRECTOR, PRESIDENT  
Name LORD, ROBERT L JR.  
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 MD  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

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

Title ASST. SECRETARY  
Name THOMAS, RAMONA  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994