

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713648

FILED
Apr 17, 2018
Secretary of State
CC5208409672

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