

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766554

FILED
Apr 06, 2017
Secretary of State
CC2459499805

Entity Name: MARTIN MEMORIAL HEALTH SYSTEMS, INC.

Current Principal Place of Business:

200 HOSPITAL AVE
STUART, FL 34994

Current Mailing Address:

PO BOX 9010
STUART, FL 34995 US

FEI Number: 59-2307522

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

Title DIRECTOR, VC
Name ORR, JAMES III
Address 200 HOSPITAL AVE
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name DENNY, DWIGHT
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 DIRECTOR
Name KISSLING, SUZANNE
Address 200 HOSPITAL AVE
City-State-Zip: STUART FL 34994

Title DIRECTOR, PRESIDENT
Name WEAKLEY, TIFFANY DR.
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

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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: MARIAN WOSSUM

VP, CLO

04/06/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

Title DIRECTOR
Name BROWN, MICHAEL JR.
Address 200 HOSPITAL AVE
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name HUDSON, DENNIS S. III
Address 200 HOSPITAL AVE
City-State-Zip: STUART FL 34994

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