

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766554

FILED
Apr 24, 2019
Secretary of State
8848993151CC

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:

OFFICE OF GENERAL COUNSEL
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: ROBERT LORD JR

04/24/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT
Name LORD, ROBERT L JR.
Address PO BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR, VC
Name LICHTENBERGER, H WILLIAM
Address PO BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR, SECRETARY
Name WEBB, THEORA
Address PO BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR, CHAIRMAN
Name SALERNO, FREDERIC
Address PO BOX 9010
City-State-Zip: STUART FL 34995

Title CHAIRMAN, DIRECTOR
Name MAROONE, MICHAEL
Address PO BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR, TREASURER
Name GLASS, STEVEN C
Address PO BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR
Name LONGVILLE, TIMOTHY
Address PO BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR, SECRETARY
Name ROWAN, DAVID
Address PO BOX 9010
City-State-Zip: STUART FL 34995

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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: ROBERT LORD JR

PRESIDENT

04/24/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR, ASST. SECRETARY
Name OBLANDER, JASON
Address PO BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR
Name BARSOUM, WAEL MD
Address PO BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR
Name MOONEY, BETH
Address PO BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR
Name PETRAS, MICHAEL
Address PO BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR
Name WEBER, ROBERT
Address PO BOX 9010
City-State-Zip: STUART FL 34995

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

Title DIRECTOR
Name RICH, ROBERT JR
Address PO BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR
Name HOCKMEYER, WAYNE PHD
Address PO BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR
Name MACDONALD, WILLIAM III
Address PO BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR
Name SCOTT, LEE
Address PO BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR
Name MIHALJEVIC, TOMISLAV MD
Address PO BOX 9010
City-State-Zip: STUART FL 34995