

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766554

**FILED**  
**Apr 14, 2014**  
**Secretary of State**  
**CC1783997939**

**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:**

LORD, ROBERT L JR.  
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 L. LORD JR.

04/14/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title PRESIDENT, DIRECTOR  
Name ROBITAILLE, MARK E  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

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

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

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

Title DIRECTOR, SECRETARY  
Name MONDELLO, JAMES  
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:** ROBERT L. LORD JR.

SVP, CHIEF LEGAL  
OFFICER

04/14/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR, ASST. SECRETARY  
Name LORD, ROBERT L JR.  
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 WEAKLEY, TIFFANY DR.  
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 ASST. TREASURER  
Name CLEAVER, CHARLES  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994