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APPROVED AND FILED

61.25

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713648 (4)

1. Corporation Name

MARTIN MEMORIAL MEDICAL CENTER, INC.

500001476565
-05/04/95--01134--001
****705.00 *****61.25
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
301 HOSPITAL AVE STUART FL 34994 US	P.O. BOX 9010 STUART FL 34995-9010 US

3. Date Incorporated or Qualified: 11/17/1967
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-0637874 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HARMAN, RICHMOND M. 301 HOSPITAL AVE STUART FL 34994	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	HORTON, MARY-JO	12 NAME	
STREET ADDRESS	2626 SW EGRET POND CIR.	13 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	D ☒ Change ☐ Addition
NAME	FERGUSON, KENNETH	22 NAME	Woodruff, Alan J.
STREET ADDRESS	1152 SW PELICAN CRESENT	23 STREET ADDRESS	3990 Joe's Point Road
CITY-ST-ZIP	PALM CITY FL	24 CITY-ST-ZIP	Stuart, FL 34996
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	HARMAN, RICHMOND M.	32 NAME	
STREET ADDRESS	301 HOSPITAL AVE	33 STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 34994	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	SWIFT, GEORGE	42 NAME	
STREET ADDRESS	2363 E. OCEAN BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34996	44 CITY-ST-ZIP	
TITLE	VCD	51 TITLE	☐ Change ☐ Addition
NAME	VAN TILBURG, WILLIAM	52 NAME	87 511
STREET ADDRESS	6353 CANTERBURY LANE	53 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	54 CITY-ST-ZIP	
TITLE	SD	61 TITLE	SD ☒ Change ☐ Addition
NAME	LONG, WILLIAM	62 NAME	BOUGHNER, LEE
STREET ADDRESS	1010 NE DIXIE HWY.	63 STREET ADDRESS	1918 SW CRANE CREEK AVENUE
CITY-ST-ZIP	JENSEN BEACH FL 34957	64 CITY-ST-ZIP	PALM CITY, FL 34990

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R.M. Harman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

R.M. Harman, President

002/003