

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****May 16, 2002 8:00 am**
Secretary of State

05-16-2002 90029 022 ****61.25

DOCUMENT # 713648

1. Entity Name

MARTIN MEMORIAL MEDICAL CENTER, INC.

Principal Place of Business

Mailing Address

**301 HOSPITAL AVE
STUART FL 34994
US****P.O. BOX 9010
STUART FL 34995-9010
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0637874

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARMAN, RICHMOND M.**301 HOSPITAL AVE
STUART FL 34994**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **HORTON, MARY-JO**
STREET ADDRESS **2626 SW EGRET POND CIR.**
CITY-ST-ZIP **PALM CITY FL**TITLE **D** ☐ Change ☒ Addition
NAME **BARNHORST, LARRY**
STREET ADDRESS **5946 CONGRESS PLACE**
CITY-ST-ZIP **STUART, FL 34997**TITLE **D** ☒ Delete
NAME **CLOUSER, J. KENTON MD**
STREET ADDRESS **433 E OCEAN BLVD. #A**
CITY-ST-ZIP **STUART FL 34994**TITLE **D** ☐ Change ☒ Addition
NAME **BAKER, MIRIAM**
STREET ADDRESS **162 SE ST LUCIE BLVD B-304**
CITY-ST-ZIP **STUART, FL 34996**TITLE **PD** ☐ Delete
NAME **HARMAN, RICHMOND M.**
STREET ADDRESS **301 HOSPITAL AVE**
CITY-ST-ZIP **STUART, FL 34994**TITLE **D** ☐ Change ☒ Addition
NAME **COLLINS, EVAN MD**
STREET ADDRESS **3498 NW FEDERAL HWY**
CITY-ST-ZIP **JENSEN BEACH, FL 34957**TITLE **TD** ☐ Delete
NAME **SWIFT, GEORGE**
STREET ADDRESS **800 SE MONTEREY BLVD STE 102**
CITY-ST-ZIP **STUART FL 34996**TITLE **DVC** ☐ Change ☒ Addition
NAME **CRIBB, REMBERT T**
STREET ADDRESS **1001 US HWY 1 SUITE 206**
CITY-ST-ZIP **JUPITER, FL 33477**TITLE **CD** ☐ Delete
NAME **SHANK, CALVIN**
STREET ADDRESS **5182 BRANDYWINE WAY**
CITY-ST-ZIP **STUART FL 34997**TITLE **D** ☐ Change ☒ Addition
NAME **DENNISON, DAN**
STREET ADDRESS **501 EAST OSCEOLA STREET SUITE 301**
CITY-ST-ZIP **STUART, FL 34994**TITLE **D** ☐ Delete
NAME **BOUGHNER, LEE**
STREET ADDRESS **1918 SW CRANE CREEK AVENUE**
CITY-ST-ZIP **PALM CITY FL 34990**TITLE **D** ☐ Change ☒ Addition
NAME **HODGSON, DAVID**
STREET ADDRESS **5025 SW MEL ROSE COURT**
CITY-ST-ZIP **PALM CITY, FL 34990**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Attachment

DOCUMENT # 713648

MARTIN MEMORIAL MEDICAL CENTER, INC.

ADDITIONAL OFFICERS AND DIRECTORS

713648

D
LEWIS, J.D., III
1115 E. OCEAN BLVD.
STUART, FL 34996

SD
MALDONADO, CARLOS MD
421 E. OSCEOLA STREET
STUART, FL 24994

~~D~~
MIRAGLIA, VINCENT MD
633 E. 5TH STREET
STUART, FL 34994

D
MONROE, MARIAN B.
3435 S.E. COURT DRIVE
STUART, FL 34997

D
DEVANG, PATEL
1001 E. OCEAN BLVD. SUITE 103
STUART, 33496

D
PORTER, WILLIAM
6737 SE MARINA WAY
STUART, FL 34996

D
POWERS, BRIAN
16600 SW WARFIELD BLVD.
INDIANTOWN, FL 34958

D
RITTERSBACH, GEORGE M.D.
835 E OSCEOLA STREET #A
STUART, FL 34994

D
WILKINSON, TOM
P.O. BOX 9012
STUART, FL 34995