

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713648

FILED
Apr 29, 2004
Secretary of State

Entity Name: MARTIN MEMORIAL MEDICAL CENTER, INC.

Current Principal Place of Business:

301 HOSPITAL AVE
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9010
STUART, FL 349959010 US

New Mailing Address:

FEI Number: 59-0637874

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HORTON, MARY-JO,
Address: 2626 SW EGRET POND CIR.
City-St-Zip: PALM CITY, FL

Title: D () Delete
Name: BARNHORST, LARRY
Address: 5946 CONGRESS PLACE
City-St-Zip: STUART, FL 34997

Title: PD () Delete
Name: HARMAN, RICHMOND M.,
Address: 301 HOSPITAL AVE
City-St-Zip: STUART, FL, 34994

Title: TD () Delete
Name: SWIFT, GEORGE,
Address: 800 SE MONTEREY BLVD STE 102
City-St-Zip: STUART, FL 34996

Title: CD () Delete
Name: SHANK, CALVIN,
Address: 5182 BRANDYWINE WAY
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: BOUGHNER, LEE
Address: 1918 SW CRANE CREEK AVENUE
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SHANK, CALVIN,
Address: 6764 SE PACIFIC DRIVE
City-St-Zip: STUART, FL 34997

Title: D (X) Change () Addition
Name: BOUGHNER, LEE
Address: 712 E OCEAN BLVD
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RICHMOND M. HARMAN

PD

04/29/2004

Electronic Signature of Signing Officer or Director

Date

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

RITTERSBACH, GEORGE, MD D
2221 SE OCEAN BLVD #200
STUART, FL 34996

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

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

MIRAGLIA, VINCENT, MD D
2398 SE OCEAN BLVD
STUART, FL 34996

MCLAIN, GEORGE, MD D
421 E. OSCEOLA STREET SUITE 3
STUART, FL 34994

MICHAUD, MARY, MD D
3498 NW FEDERAL HWY
JENSEN BEACH, FL 34957

MALDONADO, CARLOS, MD D
421 E OSCEOLA STREET
STUART, FL 34994

LEWIS, JD, III D
1115 E OCEAN BLVD
STUART, FL 34996

LEHACH, GEORGE D
4609 WATERFORD DRIVE
STUART, FL 34997

KNIGHT, ALONZO D
1688 SW THORNBERRY CIRCLE
PALM CITY, FL 34990

HODGSON, DAVID D
5025 MEL ROSE COURT
PALM CITY, FL 34990

DENNISON, DAN D
501 E OSCEOLA STREET SUITE 301
STUART, FL 34994

CRIBB, REMBERT T. CD
1001 US HWY 1 SUITE 206
JUPITER, FL 33477

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