2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# 713648

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:	D	( ) Delete
Name:	SHANK, CALVIN,	
Address:	6764 SE PACIFIC DRIVE	
City-St-Zip:	STUART, FL 34997	
Title:	D	( ) Delete
Name:	BOUGHNER, LEE	
Address:	712 E OCEAN BLVD	
City-St-Zip:	STUART, FL 34994	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	CARLSON, WILLIAM E MD	
Address:	1050 SE MONTEREY RD SUITE 206	
City-St-Zip:	STUART, FL 34994	
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:		

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 P 04/29/2005

Electronic Signature of Signing Officer or Director — Date