

# 2005 NOT-FOR-PROFIT CORPORATION Amended ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL -5 AM 9:01

DOCUMENT # 713648

1. Entity Name  
MARTIN MEMORIAL MEDICAL CENTER, INC.



Principal Place of Business  
301 HOSPITAL AVE  
STUART, FL 34994 US

Mailing Address  
P.O. BOX 9010  
STUART, FL 34995-9010 US



04152005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-0637874

Applied For  
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

300057432703  
07/13/05--01058--001 \*\*\$61.25

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida 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 Carlson, William E. MD  
STREET ADDRESS 1050 SE Monterey Rd. Suite 400  
CITY-ST-ZIP Stuart, FL 34994

TITLE D ☒ Delete  
NAME BARNHORST, LARRY  
STREET ADDRESS 5946 CONGRESS PLACE  
CITY-ST-ZIP STUART, FL 34997

TITLE D ☐ Change ☒ Addition  
NAME Fasano, John MD  
STREET ADDRESS 509 Riverside Drive # 206  
CITY-ST-ZIP Stuart, FL 34994

TITLE PD ☐ Delete  
NAME HARMAN, RICHMOND M.  
STREET ADDRESS 301 HOSPITAL AVE  
CITY-ST-ZIP STUART, FL 34994

TITLE D ☐ Change ☒ Addition  
NAME Ziegler, John Jr.  
STREET ADDRESS 71 S River Road  
CITY-ST-ZIP Stuart, FL 34996

TITLE TD ☐ Delete  
NAME SWIFT, GEORGE  
STREET ADDRESS 800 SE MONTEREY BLVD STE 102  
CITY-ST-ZIP STUART, FL 34996

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SHANK, CALVIN  
STREET ADDRESS 6764 SE PACIFIC DRIVE  
CITY-ST-ZIP STUART, FL 34997

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BOUGHNER, LEE  
STREET ADDRESS 712 E OCEAN BLVD  
CITY-ST-ZIP STUART, FL 34994

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: RMH PRO/CEO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05  
Date

Daytime Phone #

**DOCUMENT # 713648**

**MARTIN MEMORIAL MEDICAL CENTER, INC.**

**ADDITIONAL OFFICERS AND DIRECTORS**

**D**

**BUSH, BARBARA  
247 MANOR DRIVE  
STUART, FL 24996**

**CD**

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

**D**

**DENNISON, DAN M.D.  
501 EAST OSCEOLA STREET SUITE 301  
STUART, FL 34994**

**D**

**HODGSON, DAVID  
5025 SW MEL ROSE COURT  
PALM CITY, FL 34990**

**D**

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

**SD**

**LEHACH, GEORGE  
4609 WATERFORD DRIVE  
STUART, FL 34997**

**D**

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

**D**

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

**DOCUMENT # 713648**

**MARTIN MEMORIAL MEDICAL CENTER, INC.**

**ADDITIONAL OFFICERS AND DIRECTORS**

**D**

**McLAIN, GEORGE MD  
421 E OSCEOLA STREET SUITE 3  
STUART FL 34994**

**D**

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

**D**

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

**VCD**

**RITTERSBACH, GEORGE M.D.  
2221 SE OCEAN BLVD. #200  
STUART, FL 34996**

**D**

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