
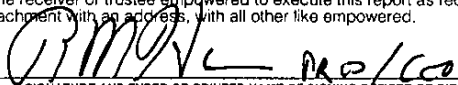


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90107 023 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0637874	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HARMAN, RICHMOND M. 301 HOSPITAL AVE STUART, FL 34994				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY - ST - ZIP	SD HORTON, MARY-JO 2626 SW EGRET POND CIR. PALM CITY, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRIBB, RAMBERT T 301 HOSPITAL AVE STUART, FL 34994		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Cribb, Rembert T 301 Hospital Ave Stuart, FL 34994	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HARMAN, RICHMOND M. 301 HOSPITAL AVE STUART, FL, 34994		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DENNY, DWIGHT 2079 SW BALATA TERRACE PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOUGHNER, LEE 712 E OCEAN BLVD STUART, FL 34994		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD RITTERSBACH, GEORGE MD 2221 SE OCEAN BLVD #200 STUART, FL 34996		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			4/17/08 772-287-5200		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

DOCUMENT # 713648

MARTIN MEMORIAL MEDICAL CENTER, INC.

ADDITIONAL OFFICERS AND DIRECTORS

ATTACHMENT

400 797 54

D

CARLSON, WILLIAM MD
1050 SE MONEREY RD STE 400
STUART, FL 34994

D

CRANDALL, WILLIAM
12782 MARINER COURT
PALM CITY, FL 34990

D

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

D

FASANO, JOHN MD
509 RIVERSIDE DRIVE #206
STUART, FL 34994

D

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

DVC

LEHACH, GEORGE
4609 WATERFORD DRIVE
STUART, FL 34997

D

EVA KEMP
301 HOPITAL AVE.
STUART, FL 34994

D

MCLAIN, GEORGE MD
421 E OSCEOLA ST SUITE 3
STUART, FL 34997

D

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

ATTACHMENT

400 79 754

DOCUMENT # 713648
MARTIN MEMORIAL MEDICAL CENTER, INC.

ADDITIONAL OFFICERS AND DIRECTORS

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

D
RODGERS, GERTRUDE L.
301 HOPITAL AVE.
STUART, FL 34994

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

D
ZIEGLER, JOHN JR
71 S RIVER ROAD
STUART, FL 34996