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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **766554**

1. Corporation Name
MARTIN MEMORIAL HEALTH SYSTEMS, INC.

Principal Place of Business	Mailing Address
301 HOSPITAL AVE STUART FL 34994	PO BOX 9010 STUART FL 34995

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/14/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2307522 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HARMAN, RICHMOND M.
301 HOSPITAL AVE
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VCD	☐ DELETE	1.1 TITLE	CD	☒ Change ☐ Addition
NAME	WOODRUFF, ALAN J		1.2 NAME		
STREET ADDRESS	3990 JOE'S POINT ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34996		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	SWIFT, GEORGE H III		2.2 NAME		
STREET ADDRESS	2363 E OCEAN BLVD		2.3 STREET ADDRESS	800 SE Monterey Blvd. Suite 102	
CITY-ST-ZIP	STUART FL		2.4 CITY-ST-ZIP	Stuart, FL 34996	
TITLE	SD	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	SHANK, CALVIN R		3.2 NAME	Miraglia, Vincent	
STREET ADDRESS	5182 BRANDYWINE WAY		3.3 STREET ADDRESS	633 E 5th Street	
CITY-ST-ZIP	STUART FL		3.4 CITY-ST-ZIP	Stuart, FL 34994	
TITLE	CD	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	BOUGHNER, LEE		4.2 NAME		
STREET ADDRESS	1918 SW CRANE CREEK AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 34990		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE	Pendergast, James	☐ Change ☒ Addition
NAME	HARMAN, RICHMOND M.		5.2 NAME	1520 SW Pendarvis Court	
STREET ADDRESS	301 HOSPITAL AVENUE		5.3 STREET ADDRESS	Palm City, FL 34990	
CITY-ST-ZIP	STUART FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	VCD	☒ Change ☐ Addition
NAME	HORTON, MARY JO		6.2 NAME		
STREET ADDRESS	2626 SW EGRET POND CIR		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL		6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/28/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)

475621-90017-34
766554

Martin Memorial Health Systems, Inc.

Officers and Directors continued

D
Rittersbach, George
835 E Osceola Street #A
Stuart, FL 34994

D
Maldonado, Carlos
421 E. Osceola Street
Stuart, FL 34994