2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90120 017 ****61.25

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DOCUMENT # 766554

1. Entity Name

MARTIN MEMORIAL HEALTH SYSTEMS, INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2307522 ☐ Applied For ☐ Not Applicable

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.

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVC CREECH, JILL 6856 SW WOODBINE WAY PALM CITY FL 34990	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARNHORST, LARRY 5946 CONGRESSIONAL PLACE STUART FL 34997	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SWIFT, GEORGE H III 800 SE MONTEREY BLVD STE 102 STUART FL 34996	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVC CRIBB, REMBERT T 1001 US HWY 1 SUITE 206 JUPITER FL 33477	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C SHANK, CALVIN R 5182 BRANDYWINE WAY STUART FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MALDONADO, CARLOS MD 421 E OCEAN BLVD STUART FL 34994	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOUGHNER, LEE 1918 SW CRANE CREEK AVENUE PALM CITY FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MIRANGLIA, VINCENT MD 2398 SE OCEAN BLVD SUITE A STUART FL 34996	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HARMAN, RICHMOND M. 301 HOSPITAL AVENUE STUART FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATEL, DEVANG MD 1001 E OCEAN BLVD SUITE 103 STUART FL 33496	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HORTON, MARY JO 2626 SW EGRET POND CIR PALM CITY FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PENDERGAST, JAMES 1520 SW PENDARVIS COURT PALM CITY FL 34990	☐ Change ☒ Addition

CR2E037 (9/01)

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: SIGNATURE REQUIRED 4/24/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
Doc# 766554

DOCUMENT # 766554

MARTIN MEMORIAL HEALTH SYSTEMS, INC.

LINE 11 ADDITIONAL OFFICERS AND DIRECTORS

D
RITTENBACH, GEORGE M.D.
835 E OSCEOLA STREET #A
STUART FL 34994